

New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

VOL. XI.

NEW YORK, NOVEMBER, 1883.

No. 8.

ORIGINAL ARTICLES.

PHYSICAL CONSIDERATIONS.

BY GEORGE H. TAYLOR, M.D.

The living organism is not only wholly composed of the same material that enters also into the composition of surrounding things, but its vital existence, the development of its individuality through all its multifarious phases and degrees of perfection equally depends on the physical properties, powers and activities it possesses in common with external nature. The perfecting of the vital powers in all their gradations, is secured by simply maintaining in due degree the physical conditions whereby these powers are developed. The organism may, therefore, be regarded in the light of a physical apparatus; it receives energy associated with its supplies; it effects modifications and transformations of energy by its interior mechanism; it gives special direction to energy, either for interior purposes or to secure exterior effects; and these consequences are proportionate to the physical extent of the capabilities of the organism in their several directions.

These statements may be more fully understood and appreciated by calling into review, successively, some of the more salient of these physical arrangements and adaptations. In this way the inquirer is enabled to perceive the multiplex physical conditions on which vital processes depend, and therefore, and to that extent, he is enabled to control the causes of the development of vital power and of health. He is no longer limited to the single phase of physical control included in the chemistry of drugs, but may extend this control to the other physical causes through whose operation vital powers are developed, directed, modified and transformed. He is emancipated from popular traditional usage, and avails himself of the co-operation of nature through the operation of first principles.

The living organism may be considered as existing under the following distinct and separate physical relations. Each of them are indispensable to its existence; each participates in the development and manifestation of its vital qualities. Each is subject to partial failure, miscarriage, misdirection and derangement, whereupon the vital manifestations are modified and disarranged in proportion.

So, on the other hand, the supply of these physical conditions and relations in due order and time is remedial. It removes the causes of defect or aberration of the subjective processes; and no effect in physiology or pathology is capable of continuance after the withdrawal of its causes. The supply of the proper concatenation of these physical conditions constitutes remedies, which nothing can in the nature of things exceed in radical force and value.

SOLIDITY AND AVOIRDUPOIS.

The weight of the body does not merely press upon its underlying support, exterior to itself; it also

compresses in nearly equal degree its own underlying substance, and therefore, in turn, all parts of the body. The inferior portions of the body are of necessity compressed by its superior portions; and the changes of position and location which produces this effect are in health constant. This fact argues that in health there is continual use for this effect, and that its avoidance, approximately attained by infrequent change of the vertical relation of parts, may be injurious.

The reason for this probability may be understood when we learn the physical effects superinduced by the vertical changes of position. Such change unequivocally and radically effects all the hydrostatic relations of the bodily fluid, for, were the body an inert mass, as a sponge saturated with fluid, the highest portions would be drained, while the lowest portions would become surcharged.

This is exactly what actually happens the moment after a living body has lost its vitality. This also, it may be stated here, is what occurs in some degree in case of enfeebled vitality—the organism becomes the prey of the predominant force, whatever its nature or effect.

But vitality constantly interacts with the forces by which it is supported. A primary and conspicuous quality of vitality is that the reaction is in the direction indicated by and opposite to the impression, and especially by the resistance offered. All medical plans and processes avail themselves of this property. The reaction of the organism, or of some of its specialized parts, is a notable, indeed often the indispensable effect sought in the use of drugs as remedies. In common experience this feature of the organic system is easily apparent. In standing, the increase of organic endeavor is not toward the feet, the direction of gravitation, but in the opposite direction, by which undue gravitation is counterpoised.

Vital feebleness changes this relation of vital power to exterior, and even interior objects. The imperfect vital endeavor now evidently needs reinforcing from physical sources in such a way that the effects may be undistinguishable from those of an abundant vital product.

The deficient appreciation of the power of gravitation in the feeble system is a frequent source of chronic disease, and constant cause of its indefinite perpetuation. Many cases easily cured by application of a knowledge of its existence, run on indefinitely, because no other medical recourse is an adequate substitute.

To illustrate: the strange occurrence of *infantile paralysis*, often consecutive upon apparently slight attacks of acute disease, is easily explicable on the principle of undue effect of prolonged gravitation, during temporary acute illness; hyperæmia, easily obviated by simply turning the child, results in over-distension of local capillaries, serous effusion and other physical consequences, perpetuated in the form of permanent helplessness of the parts connected with the part thus injured.

The same principle is involved both hygienically and medically in the proper treatment of all chronic invalids, in whom vitality has so far deteriorated as to preclude wholesome and adequate reaction against ever-present physical incentives to its development. The physical obstacle is in general easily changed to physical

assistance. The supremacy of the vital power should be increased by the very thing that is allowed to undermine and subvert it. This statement applies to gravitation no less than to the other forms of physical force.

In this way the physical inquirer is led to understand that physical causes, capable of affording unequivocal aid in the maintenance of health, may, under circumstances of vital stress, become greatly inimical to vital interests—may even be the cause of profound lesions of organs. These same physical conditions and causes are, however, subject to guidance and adaptation, and may, however, when intelligently adjusted to the case, whatever it may be, become a true medical recourse, for which the pharmacopeia is incapable of providing anything like a substitute.

The cases in practice in which both direct gravitation, and the vital reaction which it is adapted to invite, are the only real and effective medical recourse, are legion. In corroboration of this statement it is only necessary to refer to the whole brood of affections of the pelvis, in both sexes and in all ages and conditions of life. No other medical recourses, however plausible, can, in the nature of things, be anything more than sorry substitutes, often with little temporary advantages.

The remedial effects of the proper adaptation of this remedy to the cases is by no means confined to the incipient stages, but is equally applicable and efficacious in the advanced stages, and to the secondary effects and extreme development of the special classes of disease brought to notice.

LEVERAGE, WITH RESISTANCE.

The vital organism is easily regarded as a mechanical system, with weights, levers, pulleys, etc., by which one part may act mechanically upon other parts or even upon exterior resisting objects. The system is operated by apparently automatic (?) forces, intimately and inseparably connected with the mechanism. The visible, apparently independent mobility of distinct segments is a peculiarity of living bodies, and is inseparably connected with use and means of restoration.

This property of local, partial, segregated use of the organism places the remaining portion in special relations with it, out of which is easily secured curative effects. One part of the organic system manifests energy; the remainder contributes the conditions essential for the support or re-supply of the same.

This relation is under immediate control; it may alternate between all segments of the body, thus causing the whole to contribute to every member in succession, till the whole is reinforced by additional supplies of the conditions for the development of energy.

What is more remarkable in a medical point of view is that these relations may, as occasion requires, become inverted; that is to say, mechanical energy in the form of motion may be applied to and received by the instruments of motion, the muscles; and the conditions are immediately superinduced therein for the development and external manifestation of energy in the same form. The relation of cause and effect is thereby exchanged. Interior vito-functional activities, the cause of mechanical movements of vital parts, are capable of being increased, and, in many cases, superinduced by well-adapted physical causes.

Mechanical energy supplied to the living body immediately reappears in other forms, and this latter contributes to vital force. In this way it is perfectly feasible to superinduce mechanico-vital activity at any desirable point.

In the healthy organism, these causes and effects are automatic, and so very constant as to elicit no thought. The mechanical expenditure superinduces a train of consequences only terminating in the provision for additions to mechanical energy. These facts so very apparent have suffered great neglect from the remedial point of view, although, to the most inconsiderate and superficial observer, it is evident that any chosen part is

easily made the recipient of the energy of the whole, the body at large being a fund from which to draw at will, if only such expenditure be timely and local.

To illustrate. The extension of an arm gives direction to a specific amount of a specialized form of vital energy. This act invites blood into the acting member, from which the support of the energies expended must be derived; from this supply the equivalent of the expended energies must be obtained. There is local expenditure by the muscles of the arm and the nerve centres related thereto, and a train of physical and vito-physical activities are set in action, whereby the body at large affords support to the local action and expenditure from its stores of non-vital material charged with energy. It thus appears that by mechanical motion of the arm, in counterpoising both its leverage and weight, the potential energy of the bodily substance is rendered actual in visible effects.

This train of consequences of mechanical expenditure of energy are *nutritive*, involving both of the branches of nutrition, supply and waste of material, and a multitude of contributory processes whereby the ultimate purpose is accomplished. This form of expenditure is in fact the universal incitant to nutrition, if we include in this process also the due and equal distribution of nutritive activities among all the functional factors of the vital system. The effects of mechanical expenditure, controlled by leverage and weight, it will be observed, may be either local or general, at the option of the individual.

Even the beginner in studies of physiological and natural science will perceive in this power of localization and of distribution of nutrition and of the energies of which the organic system is the instrument, the suggestion at least of remedies of indisputable value and of universal application. The singular capacity of reinforcing the waning energy of parts and of remedying local defects from support derived from the abundant whole, inheres in the vital organism, and is the very method and plan of its wholesome activity. Another most important consideration, available for remedial effects, is involved in nutritive localization. This is that the exaltation of one function often operates to repress another. This affords the power and facility for regulating and harmonizing the activities of the vital system.

It hence appears that two very important principles available for remedial purposes are connected with localization of nutritive activities. One is the reaction of the whole organism to its parts, and of parts to the whole, at the bidding of the physician, by which control either or both may be remedially benefited. The other is, the rendering of energy, latent in the nutritive department of physiology, potent and active by the natural and proper physiological incitation, which involves also the transformation of energy to functional uses; equally available for the nutritive support of either dynamic or nervous energy.

Ordinary remedies are likewise useful for serving similar purposes, supplying local and special as well as functional and nutritive incitations and repressions. These effects of remedies are of necessity confined to the nutritive processes at the theatre of operation, because there is no other. All outcome of vitality is through nutrition.

With these elementary principles of the action and reaction of the organism and its parts in response to causes of incitation, it is passing strange that medical science has made such inconsiderable and faltering practical application of them. Yet in the chemical sphere of incitation and repression to which physicians usually, but unaccountably, limit themselves, it is scarcely possible to discover anything more than the most inefficient means for the application of these principles; and these are nearly irrelevant in chronic cases.

Even in orthopedics, where it would seem that these principles should meet with universal application, there

is even now the most tardy and unsatisfactory use made of them, while only weakly makeshifts occupy their place.

ELASTICITY AND FLEXIBILITY.

Here, again, are embodied in the vital organism physical properties which in health are in constant requisition, and which are therefore essential to its perpetuity, whose failure produces the most serious consequences, and the supply of which is indispensable to its recovery when lost.

The property of elasticity, and of flexibility which is a sort of linear extension of elasticity, consists of a partial dislocation of the constituent molecules of a body in opposition to the ordinary retaining force or cohesion, which on the removal of the displacing force causes immediate replacement. It is a conflict between cohesive and motor energies.

Elasticity is a means of intensifying function in several ways. It is intimately connected with the *transformation* of energy in the vital system; especially notable in converting motion to heat. When the interior molecules of an elastic body are displaced, as in stretching a piece of rubber, heat is rapidly developed. Friction is the ordinary name of this process and its effects. Rubbing the skin with the hand is a common illustration of this effect; when, however, it is the interior molecules, fibres and membranes that are subjected to the process, as by the voluntary exercise of muscles, the effect is vastly greater. In case of deficient *voluntary* energy, as in feeble health, the inter molecular motion supplied by exterior sources causes a positive addition to the system of transformable energy, available for each and any of the physiological processes.

Another way in which elasticity is remedially valuable is the control it exercises over the interstitial fluids that form so large a mass of the organic system. It is these fluids, the juices of the flesh outside of the blood vessels, that are intermediary between the vital acting cells that are the sources of the vital energies and the sources of their nutritive support in the contents of the blood vessels. The mechanical transfer and change of place of these fluids depend very largely on the alternate compression and relaxation to which they are inevitably subjected through this property of elasticity. No medicament whatever can serve the place of a defective operation of this physical property of vital tissue. It is of remedial value in every tissue alike, as a means of reinforcing every function, whether in the lower or higher spheres of the vital economy. The cell contents, the intervaseular fluids, the contents of the blood vessels of every dimension, as well as the so-called elastic tissues, are equally amenable to its influence. It is a direct means of refreshing and renewing local nutrition in a normal manner. There is always a deficient use of this property in chronic ailments of all kinds, and it is easily supplied from exterior sources, as by the hand of another person, in well executed processes of massage.

The remedial use of elasticity and flexibility has been found invaluable in cases heretofore regarded as practically incurable.

Reference is now more particularly made to disease of the bones of the vertebrae, often resulting in deformity.

It has been pretty clearly proved that the circulation of the blood, and therefore the proper nutrition of the spinal bones, are quite dependent on the flexibility of the spine, which displaces and replaces its nutritive fluids much as the functional use of muscles secures their nutritive support. It follows that the proper therapeutics in vertebral disease is *not* suspension of the flexibility of the vertebrae by mechanical restraint, which only enforces retention of waste and morbid material and prevents the wholesome supply of the needed nutritive supplies. It has been practically demonstrated that exactly the opposite course is therapeutically indicated,

and that the most successful treatment of vertebral disease consists essentially in judicious use of this physical property of flexibility.

ON STRABISMUS.

BY C. H. VILAS, M.D., CHICAGO.

A few years ago, before there was much known regarding squint and the paralytic affections of the eye, all were simply classed under the head of strabismus, and the knife was the remedy. More terrible in its results than the deformity, the laity quickly accepted the results as the measure of skill of the operator, and preferred the slight deformity of nature to the horrible mutilations of ignorance. But now that intelligent study and patient investigation have taken the field then occupied by the charlatan, and it is becoming known that self-laudation and boastful empiricism are not the only qualities possessed by ophthalmic surgeons, the relations of pathology are being studied by a body of patient workers with as brilliant results as reward the labors in any kindred branch of our art.

For convenient view, cases of strabismus may be divided into those caused by paresis or paralysis, and those due to all other causes. The exact line of demarcation between paresis and paralysis is but poorly defined by words; experience quickly teaches it. Those forms of strabismus not produced by these affections may be divided into convergent, which may be concomitant; divergent, and upward or downward. The paralytic are not fitted for operation; the latter may require it, or may yield to remedies internally administered or externally applied. It has been too much the custom to attempt the solution of the problems presented in these classes of troubles by blindly rushing into an operation which better judgment would have shown to be unwarranted.

It is not my intention to reproduce here all that has been written on the subject, or to summarize that which may be found in all our text-books. Such literature may be gleaned to the greatest advantage, and is open to all. I simply desire to offer correction to some erroneous notions already too widely spread among the profession as well as the laity, and perhaps incidentally to refresh the mind of the reader with some facts which may have escaped attention.

Every little while a paper is read before some medical society, in which it is stated that the time has come when there is no longer any necessity for *anyone* remaining the victim of squint, *no matter what the cause*; and this statement is followed up by the recital of a limited number of cases, all of which have yielded to the simplest of operations, or the fitting of a pair of lenses. Indeed, so frequently has this statement of the instantaneous and certain correction of squint been scattered, and often unquestionably in the best of faith and with firm reliance on the actual truth of the assertion, that occasionally a patient will rush into an office and seek the "instantaneous and painless" operation which he believes can be at once performed.

In great part the profession should assume the blame of this state of things and endeavor to correct it. It is indeed true that the labors of the ophthalmologist in the study-room have added greatly to the means in our hands for the relief of this affection, and the aids of a carefully sifted *Materia Medica* have placed new adjuncts in our possession; but that the subtle causes which underlie this simple symptom still at times baffle the most conscientious study and refuse to yield to any known remedy; or that the lapse of time and disuse of the delicate structures have so impaired their functions that they cannot again be awakened, are facts that the experience of the patients, as well as the expressions of conscientious operators, unfortunately amply prove.

Shortly before his death, it was my fortune, among other instruction which I derived from that skillful surgeon and widely-known author, Soelberg Wells, of

London, to receive some lessons in this troublesome class of diseases. Mr. Lawson had just operated for squint one day, and in the interval between the operations which so rapidly follow at Moorfields, I, seemingly innocently, asked Mr. Wells, already gray in honorable service in that great charity, if he had solved the mystery that underlies many of these cases of strabismus, remarking that in its correction we had no failures in our own country. I remember well the quick way in which Mr. Lawson looked up, as Mr. Wells turned on me, and in a quiet, quizzical way remarked that *he* had not been so fortunate! This led to a free discussion of the subject, and Mr. Couper, Mr. Wordsworth and others present joining, it was considered time to announce that while those cases which were at once amenable to operation or the adjustment of lenses should be corrected speedily, those which were not so suitable often formed a trysting spot upon which the most skillful lost their otherwise well-earned laurels.

In an experience devoted, from the nature of the positions held, to a far larger share of operations than usually falls to an operator of perhaps similar medical experience, it often happens to the writer to have cases presented in some one of his clinics on which at least several good, bad and indifferent operators have previously (as one of the patients expressed it) "tried their luck." From the results attained it must be conceded that the expression is not inapt, and I have usually declined to try mine. If a thorough study offers no probable solution, a vague and uncertainly directed operation, though in itself skillfully performed, cannot be expected to yield gratifying results.

That such cases are not many, and that fewer may fall into some hands than into others, may be conceded; but large centres develop almost every form of eye trouble, and from all classes of operators. The fact, however, that some cases do not yield should lead no one to throw the blame of poorly-performed operations on to such a cause, nor excuse in any way the failures which so often result from needless causes, as the non-division of the tendon of the muscle, etc. Care should be taken also that too much is not expected in doubtful cases, and a correct prognosis given. In such a manner truth will be disseminated, and, inasmuch as the facts will appear anyway, practitioners will add to their reputation for honesty, be strengthened in the community where they reside, and entail less disappointment on their patients. The number of failures will be materially lessened also, from the fact that an operation will not be undertaken except by those familiar with the care and the preparation so often necessary to be observed before success can be assured.

PUERPERAL SEPTICÆMIA.

By HORACE H. TINKER, M.D., NEW YORK.

This is one of the most formidable if not the most to be dreaded of any diseased condition that may affect the puerperal state. The writings of Hippocrates give the history of cases that were probably due to it, as also do the writings of Galen, Celsus and Avicenna. But no epidemics were noted until the seventeenth century, which took place in the Hotel Dieu of Paris, the most noted epidemic taking place in the year 1664. Since this time many epidemics have taken place in the various lying-in hospitals.

Many views have been entertained regarding the cause, but it seems agreed at the present time that the disease is due to the absorption of septic material from the surface of the wound, organic substances in the process of decomposition.

The sources from which the infecting matter is derived either belongs to the infected organism itself—auto-infection—or is introduced from without; it may be produced by gangrene of the soft parts which have been

exposed to great pressure or through pieces of membrane or placenta which have remained in the genital canal.

Septic materials are introduced from without by sponges, linen, instruments, and, by no means least, the examiner's finger. There is nothing specific in puerperal fever; wherever the products of putrefying organic matter enter living tissue the consequences are essentially the same. Puerperal fever is quite the same state which is frequently observed as erysipelas, pyæmia, ichorrhæmia, and as a specific difference does not exist, they are due in a greater measure to the peculiar place where the septic matter enters; it therefore cannot be considered contagious in the usual sense of the word, but it must be admitted to be transferable. No doubt the part where the placenta was inserted is able to absorb septic matter, yet this rarely takes place, because the infecting agent does not commonly reach it. Infection takes place much more frequently through the lacerations of the cervix.

Experience has shown that in cases of intense septic infection, death may take place in a very short time, and that the post-mortem examination reveals no other distinct microscopical changes than that the blood is dark and non-conagulable and ecchymosis into various tissues; it has been shown that septic matter has pyrogenetic properties capable of producing fever and local inflammation. The theory is, that in cases of acute septicæmia such a quantity of septic matter has been absorbed that the blood has received phlogogenous properties that it is able to produce inflammatory changes wherever it goes. Such a general inflammation of the whole organism, especially of those organs, the undisturbed function of which is necessary for the preservation of life, must be able to destroy life before more palpable changes have developed in individual organs. In other cases the infection of the blood is not so intense; fever is the sole symptom of the general disturbance. Where the process is more chronic and limited to individual organs, with fever and sweating, it has been termed ichorrhæmia; a specific difference does not exist, simply of degree. In fatal cases of septicæmia circumscribed centres of embolic nature are rarely found, especially if it has run a very rapid course, but they are very frequently met with in ichorrhæmia.

The symptoms and course of the disease essentially depends upon the period at which infection has taken place. As a rule, infection occurs during the expulsion of the fœtus or after-birth; it is a rare occurrence a few days after labor.

The first signs of the outbreak of the disease are observed in from thirty to forty hours after infection, usually on the second or third day. The disease in the majority of cases is ushered in with a pronounced chill, especially the acute form; in other cases the fever begins very gradually.

The fever is never a continuous one, but always shows remissions, but as a rule is very high. The pulse is usually frequent, corresponding to the temperature. Pain is the most important of all subjective symptoms, and is due to the irritation of the peritoneum, the later lying close upon the connective tissue. Swellings and thickenings like tumors can be felt in the region of the broad ligaments; they as a rule extend high up, sometimes extending into the vagina; or in the more intense form of the disease the rigor is followed by general peritonitis; tympanites becomes very great, so that the pressure on the bedclothes cannot be borne; the patient cries out with pain, the diaphragm is pushed upward, which, together with the concomitant pleurisy, produces great dyspnoea, nausea, and vomiting green fluid, and frequently profuse diarrhoea. The face has an uncommonly anxious expression, the body covered with a clammy perspiration, extremities cold, and collapse within a few hours. Deviations from these symptoms may be met with where the symptoms are all less pronounced, and the patient passes to a slow,

tedious recovery. The treatment must be governed by the circumstances of each individual case, and time does not permit me to elaborate upon this point.

VALUE OF DEEP INJECTIONS IN INTESTINAL OBSTRUCTION.

J. N. TILDEN, M.D., A.M., PEEKSKILL-ON-HUDSON.

A recent experience with a case of intestinal obstruction presents some features which may be of value to bear in mind. It especially illustrates the beneficial effects of deep rectal injections. A man past fifty sent in haste early one morning, and was found suffering intense pain in umbilical region, accompanied with nausea and vomiting. The pain had been continuous and agonizing for 12 or 15 hours. There was no history of constipation or indigestion, there had been a normal evacuation the day previous, and there had been no injudicious eating or drinking. The pain had come on suddenly. Careful palpation and percussion failed to reveal any point of abnormal dullness or tenderness over the abdomen. There was an enlargement in the left inguinal region. It had never been noticed before, and the supposition at once was that it had come suddenly. This tumor was about the size of a large horse chestnut, and the suspicion grew that we had to deal with a strangulated hernia. The diagnosis did not seem clear, as its location was slightly lower than we usually find an indirect inguinal hernia. Impulse was not certain, and to feeling it was more like omentum than intestine. The symptoms were so urgent that counsel was summoned. The tumor was explored with a hypodermic needle with negative results. Clearly we had a severe case of intestinal obstruction, but it was decided that the tumor (suspicious as it was), in all probability, had nothing to do with the intestinal canal. Enemas were ordered as much as could possibly be retained. A quart of oil and water at least were the directions, and an ounce of *castor oil* to be given by the mouth. The enemas were without any efficacy in bringing fecal matter. The oil was retained upon the stomach, and as no result followed another ounce was given four hours later, which was also retained, but failed to produce an evacuation.

No flatus escaped, and distension of the abdominal cavity gradually supervened, first most prominent in the right iliac region, but gradually extending over the entire abdomen, but still with very little tenderness. Thus matters went on until the sixth day, with occasional temporary cessation of vomiting and pain, not so severe or continuous as at first, yet severe enough to require daily anodynes. On the sixth day the vomiting became stercoraceous, and the abdomen largely distended, tympanitic and tender. Enemas had been repeated, but without other result than to bring an occasional pigeon-egg of fecal matter. It was noticed that the patient seemed, unable to retain but a small quantity of the enema, and would strain and force the injection away while the syringe was *in situ*.

The long rectal tube was with care and some difficulty introduced about eight inches, and two quarts of warm water, and oil was slowly injected. In order that it be not forced away, some old muslin was firmly packed around the tube close to the anus, and held in position by pressure. The result was immediately satisfactory. There was a large fluid evacuation, with very few scybala (not enough to have caused the obstruction), followed during the day by several evacuations, and a rapid improvement in every respect. By the following day the tympanites had disappeared, and the abdomen presented a curiously collapsed appearance. In a few days convalescence was fully established, soon followed by complete recovery. The inguinal tumor was undoubtedly a glandular enlargement, but the situation, together with tenderness and supposed sudden appearance, would very naturally mislead the surgeon as to its real nature.

THE POISON OF SERPENTS.*

The introduction of the poisons of serpents into the *Materia Medica*, due especially to Constantine Hering, is one of the greatest conquests of modern therapeutics. The work of Dr. Hering, published in 1887, contains the experiments of himself and fifteen co-laborers upon the effects of the poison of lachesis, *crotalus horridus*, *naja tripudians*, and the *vipera torva* and *redii*, taken by the mouth, in attenuations varying from the first to the thirtieth.

Contrary to the old adage, *non gustat in vulnere nocent*, the identity of these effects with those of the bites of the same serpents has been indisputably demonstrated; the only difference being in the degree of the accidents, the absorption by the stomach constituting an attenuation. The evidence of these experimental facts has been again demonstrated by the studies more recently made in England and America upon the poisons of the *crotalus* and *naja*.

Hering had principally in view the lachesis, which he wrongly called a *trigonocephalus*; the latter is, however, a distinct species, although related. The ophidian species, whose (poisonous) symptoms are more or less known, are few in number, and belong to three families, according to the classification of Dumeril and Bibron.

(a.) *Proteroglyphs*.—1. *Naja tripudians* (spectacle snake, cobra di capello), a native of Bengal.

2. *Elaps corallinus* (coral snake), an inhabitant of Asia, Africa and Australia; its mouth is so small that it can with difficulty only strike with its fangs.

(b.) *Solenoglyphs*.—1. *Crotalus horridus* (rattlesnake), this species being, with the others, *C. durissus* and *C. adamantus*, natives of America. Its bite is the most formidable of all, but it attacks only when irritated, and gives always a previous warning with its rattles.

2. *Lachesis mutus*, the largest of all the poisonous serpents, belongs only to South America, especially Brazil; this is undoubtedly the one used by Hering, although he confounded it nominally with the *trigonocephalus*.

3. *Bothrops lanceolatus* (lance snake, yellow viper) of Martinique, the only dangerous ophidian of that place. Its poison, without doubt, has been sometimes sold under the name of lachesis, and has been studied by Rufz and Ch. Ozanam.

(c.) *Vipers*.—Of which there are three species only in Europe.

The venom of the cobra is grayish; that of the lance transparent; of the *crotalus*, very clear, pale or yellowish emerald, of gummy consistency, without odor or taste.

The venom of the viper has the same appearance and color as the oil of sweet almonds. Dried, the poisonous liquid forms varnish-like scales. The rattlesnake, of large size, has at least 75 centigr. of poisonous fluid in each fang and loses three to four drops at each bite. A large viper possesses nearly 15 centigrammes.

TOXICOLOGY.

The poisonous symptoms produced by the bite of exotic serpents have been admirably described, especially by Fayrer (the *Thaumatophidia* of India). It is reported that there are 20,000 deaths annually in Hindoostan from the poisonous bites of these serpents. We owe, also, to Viand-Grand-Maraîs our definite knowledge of the viper, which, whatever may be said of it, makes numerous victims. Numerous experiments by inoculation have been made upon animals, and even upon man, with the dilute poison. The *naja* kills a chicken in ten minutes, and a dog in 50 minutes. The bite of the *crotalus* was rapidly fatal to an ox and a horse; a cow bitten by a lachesis *mutus* lived only two hours (Frémenville). The wounds produced by the fangs of these reptiles take different forms, but vary little from one species to

* By Dr. Piedvache. Extract from the forthcoming work of Dr. Jousset, on *Experimental Materia Medica*, etc. Translated from *L'Art Medical*, by T. M. S.

another; they are then susceptible of a common description, in their local and general phenomena, their sequelae more or less remote.

External wounds.—The two punctures, more or less near, according to the species, become the seat of an acute pain, which may be wanting when the fangs have been deprived of their venom. The wounded part swells rapidly, and the swelling may be noticed within a few minutes. The skin, at first pale, becomes of a livid redness at the bitten point and in spots, and as the swelling extends each member becomes enlarged, and it may invade, in certain cases, a part of the trunk and the face. Numerous phlyctenulae appear in the vicinity of the wound; then the lymphatics are affected, at times greenish in color; adenitis more or less extensive; finally gangrenous plaques, often large and extended with the crotales and the bothrops. If death is not rapid, we may have abscesses, diffuse inflammation of the wounded limb, with suppuration extending under the muscles to the bone.

General symptoms.—The invasion is so rapid that, according to Fontana, the internal manifestations provoked by the bite of the viper are noticeable within 15 or 20 seconds—as promptly as the external symptoms. It has been said that the general action is the more marked according as the local symptoms are less. However this may be, there is no uniformity between the two orders of phenomena, and the proportion varies according to the species; the naja produces ordinarily the most insignificant local accidents, but the general effects of the poisoning are none the less prompt.

There exists a *fulminating* form, death occurring suddenly a few moments after the bite, either by the bulb (sideration) or by syncope. Immediate syncope, non-mortal, is also frequent and has been attributed to fright (Guyon).

In the *common form*, the first symptom is, in general, an indefinable *malaise*, with painful epigastric sensations, which are soon changed into an agonizing, intense pain. Nausea and vomitings soon follow; liquids cannot be retained. At the same time, excessive lassitude, confusion of ideas, delirium, twitchings of the tendons, somnolence, coma, and even death.

In some cases somnolency follows almost immediately after the bite. At other times tonic and clonic convulsions are prominent enough to justify the name of *convulsive* variety.

While the preceding symptoms are developing, the pulse and respiration are quickened, but later they are diminished with the progress of the disease; but the arterial tension is lowered from the beginning. The face becomes darkened in color, or assumes the appearance of algid cholera or the color of yellow fever; the extremities are cold, the urine suppressed, the skin covered with a cold and viscous sweat; syncope is frequent, and the general resemblance to pernicious algid fever is marked.

Other symptoms show themselves with more or less frequency or intensity; hæmorrhages from all the mucous membranes, kidneys, eyes, ears and skin; the tongue swells at times to such a degree that suffocation is a rapid consequence; pulmonary congestion, which is often relieved, but may also prove fatal; a sub-acute enteritis, discoverable at the autopsy and characterized upon the living by severe colic pains and an excessive sensibility to the touch in the abdomen. *En résumé*, death occurs: 1. By the heart (fulminating form); a sudden lowering of the arterial tension and arrest of the heart;* 2. By the brain (comatose and convulsive varieties); 3. By the lung, especially in the naja species; 4. By the abdomen.

Death may occur very tardily, a month after the bite, for example, either by external accidents, diffuse inflammation, etc., or by the prolongation of general accidents with intervals of reaction (chronic form).

* Sudden death has been observed many days after the wound.

Anatomical Lesions.—Rigor is prompt, but of short duration; the muscles soon lose their contractility by galvanic excitation and putrefaction is rapid. At the autopsy we find visceral sanguineous extravasations and the same in the meninges, ecchymoses upon the mucous membranes, especially in that of the digestive tract; congestion of the lungs, more rarely that of the liver, which is found soft and flabby. Visceral abscesses, especially of the liver.

The condition of the blood has been often studied. It does not lose its coagulability when the death is sudden, but if death has been deferred (subacute poisoning), the heart and vessels contain a diffuent liquid in which the flabby clots resemble currant jelly. The blood is black and charged with carbonic acid, in consequence of the asphyxia which precedes the death; the globules, however, whatever may be said, do not appear to undergo any characteristic alteration; they do not lose the power of absorbing oxygen on contact with the air, after their escape from the vessels. The heart is pale and the muscular fibre relaxed; softening of the brain has also been found.

When a recovery takes place, the amelioration commences ordinarily on the fourth day, by profuse sweatings and a lessening of the drowsiness. A period of reaction is frequently observed, as in cholera; fever more or less acute, with or without delirium, return of the pulse and elevation of the temperature, signs of pulmonary congestion and bloody expectoration; more rarely a true pneumonia. Viand-Grand-Maraïs reports a double pneumonia (bite of a viper), detected by auscultation and followed by return of health.

Consecutive Accidents.—The sequelae of the poisoning may be long-lasting or undergo singular periodical returns in exceptional cases; coincides with the anniversary of the wound.

(a.) **External Affections.**—Secondary erysipelas after the disappearance of the primitive general accidents. Chronic oedema, sometimes elephantiasis of the wounded limb, or a frequent and slight return of a painful oedema. Obstinate ulcers, fistules, necroses. Periodical returns of a vesicular or pemphigoid eruption (in one case every three months, another every year for thirty-nine years).

(b.) **General Debility.** Diminution in the resistance to cold and fatigue, as well physical as intellectual; hypochondria.

(c.) **Troubles of the digestive tracts**, sometimes very persistent and subject also to returns at regular intervals, especially annually; gastralgia and nausea; fungosities upon the gums; subicteric tint frequently returning.

(d.) **Nervous Affections.** Amaurosis, observed sometimes at the moment of the wound; it may be cured, but also persists indefinitely. Hemiparesis of long duration. Aphasia. The paralyses remain, almost always incurable, namely, complete hemiplegia, monoplegia, paralysis of all the limbs, most marked in the upper.

(e.) **Diabetes**, which the Greeks attribute to the bite of a species of viper called *dypsade*, has not been confirmed in connection with the venom of the ophidians. We see sometimes a slight glycosuria which seems connected with the asphyxial period of the poisoning and disappears with it; outside of respiratory troubles, Viand-Grand-Maraïs has never encountered it.

According to the same observer, the differences presented by the ophidian poisoning, observed in different venomous serpents, consist especially—

1. In the degree of fatality of the wound, which depends, all things being equal, on the part of the wounded, to the quantity and quality of the poison.

2. In the predominance of the local or general symptoms. Thus, while the former are wanting or exceptional in the bite of the cobra, on the contrary the general effects are rapid and extremely grave, and again we notice that the green viper of Bengal (*trimesurus*)

gramineus) and some other ophidians cause only local effects.

3. In the condition of the blood which, after death, presents a conglutability or a want of it. Its fluidity depends upon the length of action of the poison and the quantity which has been inoculated.

4. The nervous system is impressed in two different ways. Death may occur through convulsions, as frequently happens in the solenoglyphs (*Crotalus lachesis*, etc.), or it may follow a state of lethargy and paralytic phenomena upon the nervous centres, principally in the proteroglyphs. But at the same time there is not an absolute condition here; we notice all the degrees between the two forms, somnolency for the first group and convulsions for the second.

After this *résumé* of the effects produced by the venoms inoculated accidentally or experimentally, we are prepared for the analytical study of these physiological effects upon functions and organs. We draw for this purpose, from the combined sources of toxicology and experiments made by means of the dilutions taken by the mouth. The agreement of the two modes of information is perfect, and we can have entire confidence in the reliability of the pathogenesis left us by Hering and others. *Crotalus horri.*, *elaps cor.*, *lachesis mutus*, *naja trip.*, *Vipera torvi* or *redi*, are the only species used in therapeutics.

CLINIQUE.

CLINICAL OBSERVATIONS.

Oryzodendrum arboreum tincture, in ten drop doses, four times a day, has cured a case of hydrocele, according to Dr. O. E. Pratt.

BAPTISIA IN DIPHTHERIA.—Dr. Z. B. Nichols, in the *U. S. Med. Investig.*, of February 17, says in relation to diphtheria: "When called to a case of diphtheria, I usually give *baptisia* at once. It corresponds to the totality of symptoms of true diphtheria. It has the peculiar fever, the sore throat, and especially the aching all over. With this remedy I have cut short many and many a case. I do not know of any other remedy that will do that. A practical expedient I have resorted to in cases almost past hope is this: I always carry with me an alcohol lamp. I take a pint cup, fill it half full of water, and soon have the almost asphyxiated patient breathing steam or warm moist air to his great comfort and relief. I have thus saved cases that seemed past hope."

LATE TYING OF THE UMBILICAL CORD.—Dr. Edward Alcorn gives a *résumé* of the experience of various writers on this subject, which proves that the children whose cords are left uncut until after the placenta has been expelled, thrive much better than those in whom it is cut before.

BORACIC ACID IN CERVICAL ENDOMETRITIS.—Dr. W. H. DeWitt (*Lancet and Clinic*), having a case of acute endometritis, which was only intensified by ordinary remedies, it finally occurred to him that perhaps milder means would prove more potent, and therefore *boracic acid* was selected as being the best thing to meet all the indications.

The first application was made by moistening a hair pencil and covering it with the powder. This was then carried as high up as possible, applying the same to the convexity of the neck, there being a good deal of excoarication at this point. At his next visit, four days subsequently, finding a decided change for the better, he determined to continue the treatment.

This time, however, he pursued a different course; instead of using a small amount of the powder, he packed the cervix as firmly as admissible with the acid. Withdrawing the speculum he directed the patient to elevate the hips and remain in that position two or three hours, believing by this means some of the acid as it dissolved would naturally find and medicate the parts above the cervix.

One week from this date no trace of inflammation could be found, and the patient could hardly realize the change in so short a period.

The doctor remarks that in acute inflammatory conditions of the mucous surfaces, notably pharyngitis, astingents and caustics oftentimes aggravate the trouble, but on the contrary a mild application or gargle, either of hot water or hot water and milk equal parts, gives almost instantaneous relief. The same rule can, he thinks, with equal success be applied to uterine therapeutics.

DRY TREATMENT OF OTORRHOEA.—Dr. Burnett (*Amer. Journ. of Med. Sci.*) holds that the syringe should be used in this disease only when absolutely necessary for the removal of accumulation, and then only by the physician. Warmth and moisture favor the fungoid growths. The home treatment should consist of drying the ear with a twisted pencil of absorbent cotton. The physician should blow into the ear dry powders. For this, Dr. B. recommends the following: Triturate equal parts (grain to the minim) of *boracic acid* and tincture of *calendula off.*; allow to evaporate, and rub one part of this with from one to two parts of pure *boracic acid*. The author holds that recovery takes place under this treatment in one-sixth the time required by the wet treatment.

MATERIA MEDICA NOTES.—*Ustilago maidis*, tall, slim, fair women at climaxis. Pain in the left mammary region between menses. Ovarian congestion and burning.—Dr. BURCHFIELD, *Med. Advance*, May, 1883.

Cainca, weight and fullness in the loins; urine scanty; edema of face, and fullness of eyelids.—*Physicians' and Surg. Investigator*, April, 1883.

Sodium Nitrite, in five, ten, and twenty grain doses, caused acceleration of the pulse, most distinctly after the largest dose. The prover experienced, within a few minutes after taking the two larger doses, a feeling of fullness of the head and eyes, accompanied by a throbbing sensation. There was also a slight, almost doubtful, flushing of the countenance. It struck the experimenter that the effects of the *sodium nitrite* were similar to those of *nitro-glycerine* and *amyl-nitrite*, and he surmised that possibly it is the *nitrous acid* which accounts for the agreement.—Dr. HAY, in the *Practitioner*.

Cyclamen, administered by Dr. Pope, cured membranous dysmenorrhœa. The case was peculiar in that there were none of the severe pains usually present in this disease. He was guided to the drug by profuse, black menstrual flow, characteristic of *cyclamen*, and prominent in his case; and also by the fact that one prover had menstrual flow black, clotted, and membranous.—*Homœopathic Review*.

RESORCIN AS A DRESSING.—This new remedy promises to become not only the popular remedy for a number of ailments, but also to take the field as a dressing for chancres, chancreoids, mucous patches, etc. It is said to be more efficient than *iodoform*, while it is free from the unpleasant odor of the drug. It may be applied in powder, or in twenty-five per cent. solution in water.—*Canada Lancet*.

INDIAN HEMP IN EPILEPSY.—Dr. Hayman reports in the *Lancet* excellent results from the use of this drug in ten drop doses, increased gradually to sixty drops. Another writer prefers in this disease the *bromide of nickel* in five to ten grain doses to the other forms of *bromides* usually given.

RHUS TOXICODENDRON IN SCIATICA.—Dr. Thos. Gifford, in the *Cincinnati Lancet and Clinic* for September 29, speaks of *rh. tox.* as "one of the best remedies known in very chronic cases of rheumatic sciatica." "It has effected a brilliant cure," he says, "in every case that has come under my care during the last twenty years."

In the sample case which he describes he made use of the "dilute tincture," of which he directed two drops to be taken "in a spoonful of water, morning and evening, until there was a decided improvement in her pains, then one dose a day until entirely relieved of pain, lameness, and weakness in her limbs." She was warned against the use of coffee, "as coffee would antidote the medicine." "I told her," he continues, "that she might be very susceptible to the action of the medicine and the dose might be too large; if so, she would know it by the pains being greatly increased, then the dose must be reduced until the pains began to abate. After her return home, some time, she wrote me that the medicine I gave her had effected a complete cure, but the dose at first was too large, and that she had to diminish it to half a drop."

"The special indications," we are informed, "for *rh. tox.* in this case, and in any other case of sciatica, are the following" (italics not ours): "*Burning, tearing pains along the course of the sciatic nerve. The pains worse at night, and increased at rest, and relieved only for a short time by motion. Frequent paroxysms of cramps in the calves of the legs, lameness, heaviness, and paralysis of the affected limb.*"

Not one word does Dr. Gifford say as to whence he derived the idea of using this remedy, or where he found his "indications"—but so much the better. Let him go on studying and testing the new school Materia Medica and modes of practice, and imparting the results to his benighted brethren, just as in the above communication—accurately and forcibly, but without the slightest shock to their prejudices—and we will gladly welcome him as our co-laborer in the cause of therapeutical reform.

IODOFORM.—Prof. Molescholl, in a communication to the Academy of Medicine in Rome, recommends this drug in diabetes, the sugar rapidly disappearing under its use. He used as a deodorizer *camain*, from the tonka bean.

EUCALYPTUS.—Dr. Currier, in the *Am. Journ. of Med. Science*, used this drug with marked effect in his gynecological practice in cases of foul-smelling discharges, particularly where there is a malarial element. It is readily absorbed through the vaginal mucous membrane, and its constitutional effects may be secured in this way.

CALABAR BEAN IN OBSTINATE CONSTIPATION.—It has been observed as a result of the poisonous action of *calabar bean* on animals, that there is a tetanic spasm of the muscular coats of the intestines, which results in the forcible expulsion of the contents. This physiological property of the drug suggested to Dr. Schaefer (*Berlin Klin. Wochenschrift*) the employment of the drug in cases of obstinate constipation (obstipation), dependent upon atony of the muscular coats of the intestines, such as may be frequently met with in women and old men. The results of his experiments have amply justified his anticipations, based on the physiological properties of the drug, severe cases having yielded to the treatment in less than twenty-four hours after its administration. His formula consists of a solution of 5-6 of a grain of extract of *physostigma* in $2\frac{1}{2}$ drachms of *glycerine*. Of this six drops are given every three hours.

NIGHT SWEATS OF PHTHISIS.—*Agaricus musc.* is said to be a valuable remedy in the night sweats of phthisis. In the quickness of its action it resembles *atropine*, not only relieving the sweats, but also the troublesome cough of this disease and producing sound sleep.

CORROSIVE SUBLIMATE IN GONORRHOEA.—Dr. Black, in the *Brit. Med. Journal*, while regarding the germ theory in gonorrhoea as unphilosophical, still attests the value of weak solutions of *corrosive sublimate* in chronic cases of this disease of the strength of one or two grains to eight ounces of water. After the acute symptoms have subsided he has never known it fail.

STIGMATA MAIDIS.—This drug (corn silk) is recommended in half-teaspoon to teaspoon doses of the fluid extract three times a day as a cure for gonorrhoea. The disease is said to yield rapidly under the influence of the drug, a few days being sufficient to perform a cure. It has also been given with success in irritable bladder arising from mucous derangement.

BELLADONNA IN CHRONIC CONSTIPATION.—Mr. Hans M. Wilder, the well-known pharmaceutical writer, says in the *Druggist's Circular*: "Having for many years tried almost every cathartic, singly and in combination, with only temporary benefit at best, I at last stumbled upon the following: Take one drop—no more—of tincture of *belladonna*, U. S. P., morning, noon and night, in half a tumbler of water, and within one week the bowels will commence to move regularly. Not being a physician I do not pretend to know in what way *belladonna* does act, but the result seems to be thorough."

FISSED NIPPLES.—Monti recommends a solution of gutta percha in *chloroform*. Its action is like *collodion*. The *chloroform* evaporates, leaving the gutta percha in a thin pellicle, which does not come off.

THE THERAPEUTIC VALUE OF CORN SILK.—Gaillard's *Medical Journal* condenses from *Progrès Medical* an interesting article on the subject of therapeutic properties of corn silk. The observations upon which the article is based are by Dr. Landrieux. The deductions are: (1.) That corn silk is not only a valuable alterant of the urinary secretions, but possesses also an incontestable diuretic value. (2.) That the diuretic action of the drug is more or less permanent, the increase in the amount of urine voided continuing for three or four days after the administration of the last dose. (3.) The results of the diuresis thus produced are observable, not only in the urinary apparatus, but in effects produced upon the general circulation.

BAPTISIA TINCTORIA.—Dr. Daily, in the *Med. Investigator*, says: I never think of giving *baptisia*, unless the pulse is compressible. When full and wiry, I select some other remedy.

THE RELIEF OF TOOTHACHE.—Dr. Kenneth W. Milligan suggests the following convenient method (*Brit. Med. Journal*): It is a modification of a method recommended by Prof. Babaieff to the Caucasian Medical Society. Melt white wax or spermaceti, two parts, and when melted add *carbolic acid* crystals, one part, and *chloral hydrate* crystals, two parts; stir well till dissolved. While still liquid, immerse thin layers of carbolized absorbent cotton wool, and allow them to dry. When required for use a small part may be snipped off and slightly warmed, when it can be inserted into the hollow tooth where it will solidify. The ease produced by this simple method is really very great.

POTASSIO-TARTRATE OF IRON IN SCURVY.—Dr. H. G. Piffard has found very decided benefit from the use of *potassio-tartrate of iron*, both as a curative and as a prophylactic. I believe that a small quantity of this salt, say four ounces to the barrel of pickle in which mess beef and pork are preserved, would prove of great service to those who are obliged to make use of this species of food. Analysis has shown that scorbutic blood is deficient in *iron* and *potash*, and experience has shown that vegetable acids are useful in scurvy. Hence the rationale of the proposed method.—*Drug. Cir.*

FEEDING OF INFANTS.—Dr. H. Z. Gell (*Clin. Brief.*, etc.) says: Put a teaspoonful of powdered barley (ground in a coffee-mill) into four ounces (one-quarter of a pint) of cold water; boil it five or ten minutes, add a pinch of salt; then strain it through an open or coarse cloth, and mix it with half as much boiled milk, add a lump of white sugar, and give it out of a nursing bottle. Feed at regular intervals, and definite quantities. "*Over-feeding does more harm than anything else.*"

When the child is costive use oatmeal (with or without a little soda, in the evening meal), instead of the barley. *Sago*, *arrowroot*, potatoes, corn-flour, crackers, bread, every patented food, and every article of diet containing starch, cannot and must not be depended on as food for very young infants.

THE TREATMENT OF CRAMP.—Surgeon Robert Mann writes in the *British Medical Journal*: There is no remedy I have found to answer except the raising of the head of the bed. I cause two bricks to be placed under each leg, or a block of wood of the same thickness as two bricks. Patients who have suffered at night, crying loudly with pain, have found the plan an immediate, certain and permanent relief.

SANGUINARIA IN NEURALGIA.—Charles Lloyd Tuckey, M.B., Assistant Physician to the London Homœopathic Hospital, reports a case (*Hom. World.*) in which the pain used to come on especially at night, reaching its greatest intensity between two and three o'clock in the morning. It was of a burning, shooting character, and proceeded from the zygomatic processes and from below the ears upward and backward to the temples and crown.

After an ineffective trial of *glonoine*, *sanguinaria*, first centesimal, was given, one drop being taken every four hours. In twelve days a cure was effected.

The symptom especially indicating *sanguinaria* was the distension of the veins in the face and temples, which was strongly marked, and which is also prominently set forth in the proving.

TREATMENT OF BURNS.—What is wanted as a dressing for burns is something which will preserve the skin and hold it intact until the new one has formed; that is, usually less than one week. After experimenting with a large number of substances I am convinced that there is nothing equal to what I have recommended several times, and which I here repeat—the covering of the burn with the mixture of equal parts of the white of egg and *sweet oil* thoroughly beaten together. If the skin is broken or displaced, it should be carefully brought to its original position, and, if there is vesication, the serum should be removed by puncturing with a fine needle and applying gentle pressure; then the parts should be freely covered with this mixture, which forms a kind of paste, and, to give greater security, strips of fine muslin or gauze may be laid over the wound. This should not be removed till the new cuticle has fully formed and become sufficiently firm to bear exposure to the air. If further vesication takes place under the dressing, the serum should again be removed, as also any pus, if it should form, and then more of the dressing should be applied. If, through motion or other cause, the wound becomes exposed—and daily care is required to avoid this—more of the mixture should be promptly applied. The dressing should completely cover and even extend beyond the part injured, and generally by the third day the edges may be trimmed off with scissors, and by from the sixth to the tenth day the whole dressing can be removed, leaving a perfectly formed cuticle without blemish or scar. I can speak with great confidence of this treatment, for, after an experience of more than twenty years with it, in a large number of cases, I have never been disappointed in its results.—DR. I. T. TALBOT, in *N. E. Medical Gazette*.

OBSTETRICAL MEMORANDA.

BY SHELDON LEAVITT, M.D., CHICAGO.

IX.—ERGOT.

Nothing more conclusively proves the unsatisfactory condition of old school therapeutics than the greed with which its practitioners adopt new remedies, and the equal readiness with which they discard them when they are shown not to be specifics. It seems to be their expectant ambition to discover remedies which shall prove to be as nearly specific for the various ailments which afflict mankind as are *mercury* and *iodide of potassium* for syphilis; and anything short of this is highly unsatisfactory to them. It would appear now that the lauded *ergot* is to follow certain other vaunted drugs into obsolescence. Dr. G. J. Engelmann, of St. Louis, read a paper before the American Gynecological Society, September 20, last past, in which he makes the startling assertion that he believed it never necessary to use *ergot* in obstetrics, and that use of it should be restricted to the non-pregnant state. He declares that it is not the question how it may be used, but since it is used very generally, and its bad effects are not appreciated, it is desirable that the authoritative statement be made that the drug does more harm than good, and the use of it should be entirely discarded. Dr. Engelmann's views were supported by Dr. Albert H. Smith, of Philadelphia, who said he regarded its use in obstetric practice as an unmitigated evil. He did not believe it is ever required, and thought it not only capable of doing harm, but believed that it generally does do harm.

Is it possible that the old school of medicine is about to repudiate this remedy, which, in moderate doses, is capable of rendering efficient aid, in suitable cases, both during and after parturition?

X.—THE SIGNIFICANCE OF HEMORRHAGE DURING THE EARLY MONTHS OF PREGNANCY.

Dr. E. H. Grandin, in the *American Journal of Obstetrics* for September, presents a very practical paper on this interesting topic. His tabular enumeration of the causes of the phenomenon is as follows:

- "(a.) In the primipara:
- "1. Menstruation.
- "2. Erosion of the cervix.
- "3. Diathetic diseases, in the course of which hemorrhages are likely to occur.
- "4. Partial separation of the secundines.
- "5. Congestion at the menstrual epoch.
- "6. Frequent and violent sexual intercourse, particularly at the time when the menses might return.
- "7. Cancer, fibroids, polypi.
- "8. Endometritis existing at the time of conception.
- "9. Cystic disease of the chorion.
- "(b.) In the pluripara:
- "1. All the above.
- "2. Laceration of the cervix."

Doctor Grandin believes that occasionally the menses "do recur, and in profuse amount, during early pregnancy, without interrupting its course," * * * "though it may inferentially be just as well considered as having as its basis an inflammation of the endometrium." And again he utters a common conviction when he says that many conceptions are doubtless brought to an untimely end by a return of the menstrual flow. Where the causes of a flow early in pregnancy are not manifest he thinks the diagnostic aid of the speculum should be invoked.

Those cases in which, during the early part of pregnancy, women report themselves as being almost continuously "unwell," are frequently found to depend on erosion of the cervix. It requires great care to discriminate between such a condition and one of impending abortion. When pregnancy has advanced to the fourth month, a monthly recurrence of flow is probably dependent on the cervical canal for its source.

The author lays particular stress on frequent and violent sexual intercourse as a cause of hemorrhage during the early months of pregnancy. I fully agree with him in all that he says under this head, and regard it as a matter concerning which sufficient caution is not enjoined. "The reason for the effect," the author says, "is not far to seek, for coition of itself attracts blood to the genital organism, and brings into play a greater degree of congestion than is normally present every four weeks. Where a degree of descensus exists, and in the early weeks of pregnancy such is the case, it is also probable that the penis impinging on the cervix, shocks, so to speak, the uterus, and these repeated shocks, inferentially, may lead to a partial separation of the secundines and its consequent hemorrhage."

Dr. Grandin does not omit to mention as a common cause of these early hemorrhages, and also of abortion, the ante-pregnant existence of endometritis. This is the soil upon which *habitual* abortion is most likely to flourish.

I am not fully satisfied, as the author of this paper appears to be, that the existence of a cervical laceration is a powerful bar to conception. I believe that the ovum is just as likely to be fecundated in such cases as in others, but owing to the menorrhagia and metrorrhagia to which this traumatism indirectly gives rise, the product of conception is swept away almost as soon as it reaches the uterine cavity.

XI.—SECONDARY POST-PARTUM HEMORRHAGE.

That thorough and skillful gynecologist and obstetrician, Dr. Paul F. Mundé, recently read a report on the above subject before the New York Academy of Medicine, as an introductory to general and special observations, concerning which he gave the details of a well-marked case of the kind. He dwelt more particularly on the causes, the date of hemorrhage after delivery, the significance of it, and the means employed to check it. He concluded by giving the following rules for management of the third stage of labor, most of which are excellent:

1. Always keep the hand on the fundus uteri from the moment the head appears at the vulva until the head is expelled.
2. Do not hasten the expulsion of the placenta too much.
3. Always watch the uterus with the hand, using gentle friction occasionally for at least one hour.
4. Always give *ergot* by the mouth immediately after the birth of the child. If *chloroform* has been given, or if the labor has been unusually tedious, give *ergot* hypodermically, injecting a syringe of the fluid extract to the depth of one inch near the umbilicus. (Of course the homœopath will not think of following this routine treatment. When given hypodermically eight or ten drops are quite effective, as I have found from abundant experience.)
5. If the uterus shows a reluctance to remain contracted, rub the fundus gently with a piece of ice, or insert a cone-shaped piece into the cavity. (Such treatment is liable to chill a sensitive patient, and should be adopted only when other measures, such as kneading of the abdomen, gentle fingering of the os, and the use of the indicated remedy, have failed.)
6. Always make sure by palpation and percussion that the uterus contains no coagula.
7. Apply the child to the breast early.
8. Apply an equably tight binder, and if there be tendency to hemorrhage, a pad should be placed over the fundus to secure its steady compression.
9. If there be laceration of the cervix or vagina, future oozing may be checked by mild astringent injections, or, if needed, by applications through the speculum. Immediate suture for laceration of the cervix appeared to him to be rarely feasible.
10. Do not allow the lying-in woman to leave her bed before the tenth day.

11. See that the bladder is empty, and is not interfering with uterine contraction.

12. See that the nozzle of the syringe is not introduced too far, and that too much force is not used in giving the customary cleansing injection.

If these rules were more closely followed we would have few cases of either primary or secondary hemorrhage after delivery, and women would have cause to complain of fewer ailments during the weeks and months following.

AMMONIA BROMIDE.—A writer in the *Pacific Medical Journal*, who claims to have had extended experience in the use of this remedy, formulates the following clinical indications that call for it, and when these are present the remedy seldom, if ever fails to act satisfactorily: "These are cases where there is irritation of the base of the brain, causing the patient to start suddenly and cry out as though stricken with sharp pain. In fact we may sum up the symptoms as follows: *Sharp pain in the occipital region. With a flushed face and always a contracted pupil.* The eyes need not be said to be shining as in the indication seen for *gelsemium*, but there is extreme contraction of the pupil with every muscle taut. There is no frontal pain, but the pain is always occipital. No dullness, no sleepiness, but the patient is always wakeful and suffers sharp, shooting pains in the occipital and sometimes in the temporary region.

"*Ammonium bromidum* given under such circumstances will act kindly. When those symptoms italicized are not present, do not give it, for it will do no good.

"If you have those special symptoms in spermatorrhœa, *bromide of ammonia* is a positive remedy, and will give comfort to the patient. If infantile convulsions with those symptoms present it will act as a specific."

DIABETES INSIPIDUS.

Dr. F. F. Laird, of Utica, N. Y., gives the following excellent indications for the use of medicines in diabetes insipidus, in the *Hahnemannian Monthly* for Dec., 1882, and Jan., 1883:

Allium cepa.—Copious urination; sensitiveness over the bladder, pain in the kidneys, weak feeling of bladder and urethra; fulness in vesical region; very pleasant sensation of warmth in urethra. Very melancholy; dryness of mouth, root of tongue, soft palate, and throat, sometimes with bad odor from mouth; hunger generally increased; belching of (sour) gas, with flatulent distension of abdomen and offensive flatus; constipation or diarrhœa after midnight or toward morning; rhagades at anus, with stitches in rectum; weakness in hips, worse ascending; soreness in limbs; skin on the heels is easily rubbed off by the shoes; restless sleep, dreams of being near water, storms at sea, etc.; flashes of heat, and thirst, worse evenings; neuralgic pains, like a long thread, worse in evening; nettle rash on thighs; pricking, as from pins, in various parts; symptoms go from right to left. *Cepa* has cured polyuria.

Alumina.—Feeling of weakness in bladder, in genital organs in evening, with fear of wetting the bed; involuntary urinating when defecating; frequent copious emission of pale urine, often hot, and preceded by burning in urethra. Tension of skin of face, as though white of egg had dried on; craving for indigestible substances, such as chalk, starch, rags, etc.; easily drunken from the weakest spirituous liquors; great straining to evacuate even a soft stool, or, must stand up to urinate, and then sit down to defecate; dryness of all the mucous membranes, with thirst; sleep restless, frequent awakening, with palpitation of heart, anxious dreams; chilly, skin dry, with entire inability to sweat; spare habit. General aggravation on alternate days, or from eating potatoes; better from moderate exercise in open air.

Anantherum.—"Clear, abundant urine, day and night, with debility, great thirst, dryness of the mouth; stools hard, gray or dark colored, with many other symptoms, chiefly of the liver and stomach;" involuntary urination when walking, and even at night in bed, during sleep, as if caused by paralysis of neck of bladder. Restless, suspicious and irritable; marked increase in appetite; craving for strong liquors, cider, sour drinks, spices; love of strong odors; unhealthy skin, easily suppurating; restless, unrefreshing sleep, with anxious dreams; all symptoms worse from motion.

Arnica.—Frequent micturition of pale urine, containing an excess of phosphates; involuntary discharge of urine at night, when asleep, and during the day when running. Dryness of the mouth, with much thirst; longing for alcoholic drinks, for vinegar, and sour things; obstinate constipation; bed feels too hard. Amelioration in evening, at night, in open air. Caused by mechanical injury.

Ars. alb.—Frequent urging to urinate, with profuse discharge. Insatiable hunger and thirst, with emaciation and great weakness; watery diarrhoea; slight motion causes dyspnoea, with palpitation and fainting; dryness of mouth and throat; anxiety, restlessness, fear of death, burning pains, dropsy.

Bell.—Urine more copious than the drink taken would warrant, frequent, pale, watery, often difficult to retain; urine, when heated, almost invariably deposits a cloud of phosphates; vesical region sensitive to pressure or jar. "It does not seem to reach the kidney until it has been some time in the stomach, and has exerted its specific action upon the brain" (an exact correspondence with diabetes insipidus). Marked symptoms of cerebral irritation; dilated pupils; hyperaesthesia of the senses; congestion to face, or face pale and cool; lips, mouth, and throat dry with thirst; starts, as in affright, during sleep, and on awaking; singing, talking aloud, and moaning during sleep; entire want of sweat; worse from 3 P.M. till midnight. Especially in full-blooded plethoric patients.

Bryonia.—Urine copious and pale; during motion, some drops of urine pass out of the urethra without sensation. Very irritable, inclined to fright, fear, and vexation; bad effects from violence and anger; dryness of all the mucous membranes; appetite increased; great desire for oysters, sweets, coffee, and wine; great thirst, desire for large quantities of cold water; obstinate constipation, stools very large, hard and dry, only passed after much straining; when walking, prickling like "pins and needles" in soles of feet; much sleepiness during day; restless sleep disturbed by dreams about the business of the day, household affairs; starts in affright before falling asleep; motion of lower jaw, during sleep, as in masticating. General aggravation from motion; dropsical swellings, gradually increasing during the day and disappearing during the night.

Cuinea.—Frequent passage of pale urine. Yawning, stretching of limbs, with cramplike feeling of lower extremities; somnolence. "Polyuria of some months' standing disappeared" during the proving.

Cale. carb.—Frequent and copious urination: nocturnal enuresis; urine odorless (*Dros., Graph.*), sour, or pungent; trickling of urine after micturition. Apprehensive, despairing mood; leucophlegmatic temperament; vertigo when ascending a height or looking upward; child scratches its head impatiently on awaking; profuse perspiration on the back of the head when sleeping; pupils habitually dilated; face pale, bloated, with blue rings around eyes, emaciated, old and wrinkled, with retarded dentition; swelling of upper lip in the morning; canker sores in mouth, especially during teething; ravenous appetite and continual violent thirst for cold drinks; desire for wine, salt, sweet things, and eggs; milk causes nausea and sour eructations; pit of stomach swollen like an inverted saucer; enlargement of abdomen, with swelling of mesenteric glands; constipation or diarrhoea; menses too early; too profuse, and

last too long; scrofulous swelling of glands; cold, damp feet; emaciation; insomnia; children scream after midnight, and cannot be quieted; scrofulous eruptions, skin unhealthy; easy straining, resulting in sore throat, stiff neck, headache, backache, or prolapsus uteri; great liability to take cold, and over-sensitiveness to moist, cold air. Especially in strumous cases, inclined to obesity, and where the disease has been induced by sudden variations in temperature.

Cale. phos.—Large quantities of urine, with sensation of weakness. Disease induced by grief, or disappointed love (*Phos. acid.*). Peevish; headache along the cranial sutures; much thirst, with dry mouth and tongue, especially in after part of day; abdomen flabby, sunken; craving for salted meats; constipation or diarrhoea; disturbed sleep, worse before midnight; skin dry and cold; emaciation. In children, the cranial bones are very thin, and the patient looks old and wrinkled (*Sulph.*).

Cannab. ind.—Profuse colorless urine, in a full, clear stream; has to wait some time before urine flows, and must force out the last drops with the hand; the urine dribbles out after the stream ceases. Exaggerated idea of the duration of time and extent of space; face pale; skin of face and scalp feel as if drawn tight; dryness of mouth and throat, with intense thirst for cold water, or great desire for and yet dread of cold water; white, thick, frothy, and sticky saliva; appetite increased even to bulimia; sensation in anus as if sitting on a ball, and as if anus and a part of the urethra were filled up by a hard round body; painless yellow diarrhoea; sensation as if drops were falling from the heart; starting of limbs while sleeping, causing him to awake, with anxious dreams; nightmare every night, as soon as he falls asleep, with grating of the teeth; great sleepiness; loss of animal heat; exhaustion.

Causticum.—Frequent micturition, the urine looking like clear spring water; he urinates so easily that he is not sensible of the stream, and can scarcely believe, in the dark, that he is urinating until he makes sure with the hand; involuntary urination when coughing, sneezing or blowing the nose. Low spirited, anxious, neurobilious temperament; afraid at night in the dark; child does not want to go to bed alone (*Stram.*); old warts on nose, eyebrows, upper eyelid; styes; he speaks low because his voice sounds so loud; thirst for beer and cold water, or thirst with aversion to drink; aversion to sweets; fresh meat causes nausea, smoked meats agree; constipation, stools covered with mucus and shine as if greased, possible only while standing. Unsteady walk of children, they fall easily; restlessness, especially at night, with anxious dreams and starting from sleep. Aggravation at night (urinary symptoms), from coffee (all symptoms), in the open air. Patients who are scrofulous, or rheumatic, with dark hair, rigid fibre, and delicate skin.

Hamamelis.—Increased desire to urinate, urine pale, clear, and copious; micturition more frequent when lying down; passive congestion of kidneys, with dull pain in renal region. Depressed and irritable; epistaxis, flow passive, non-coagulable; dryness of lips and fauces, must drink large quantities of water to assist deglutition; very thirsty, especially in afternoon and evening; pork causes nausea, eructations, and violent hiccup; stool costive, hard, covered with mucus; takes cold easily, especially from exposure to moist, warm air; prickling stinging in veins, muscles and skin; bruised soreness in various parts (passive congestion); subject to varicose veins.

Helonias.—Profuse, clear, light-colored urine, containing amorphous phosphates, urea increased, specific gravity diminished; thinks the bladder is completely emptied, when another "overflow" convinces him of his error. Irritable, resenting any contradictions or suggestions; tongue coated white, dry, with bitter, disagreeable taste on waking; minie-ball stools (*vide Allen*); all tired out, with weakness and weight in renal region;

drowsy and heavy. General amelioration from moving around and when exerting the mind.

Iodine.—Copious and frequent micturition, urine bright yellow, thin, watery; polyuria. Low spirited, with irritable sensitiveness; constant restlessness, can neither sit nor sleep; sickly face, often cold in fleshy children; ptyalism, aphthae and ulcers in mouth, with fetid breath; canine hunger, yet loses flesh, followed by anorexia; thirst; constipation or diarrhoea; coldness of the hands and feet; sleeplessness after midnight, restless sleep, with vivid, anxious dreams; swelling and induration of the glands; nightly bone pains; rough, dry skin, often containing nodosities. Scrofulous patients, with dark hair and eyes.

Jaborandi.—Profuse urine, of diminished specific gravity. Profuse sweat and profuse salivation. Has cured cases in allopathic hands.

Kali iod.—Frequent discharge of urine as clear as water, more profuse than the drink taken would warrant; passes from forty to fifty quarts daily (!) Excessive thirst, day and night; constipation or diarrhoea; sleep restless, with horrid dreams, weeping during sleep; purpura; exostoses, enlarged glands, swelling of bones; dropsy; emaciation. Secondary and tertiary syphilis; scrofula; after abuse of *mercury*.

Kali nit. (Nitrum).—Profuse emission of urine, as clear as water. Headache (and diarrhoea) after eating veal; mouth slimy, with fetid breath; appetite increased, especially in the evening; great thirst; stools hard, like sheep's dung, with tenesmus; drowsy during the day; sleep restless, with nightmare, insomnia after midnight; light morning sleep; sour taste; cough and pain in small of back on awaking; sensation as if parts or the whole body were made of wood. Generally worse from warmth of stove, and during wet, cold weather.

Kreosote.—Frequent urination, always in great haste, and always passing a great deal; obliged to urinate every half hour from 4 A.M. till noon, also, aggravation toward evening and during the night; urine colorless, offensive, and often so hot as to cause burning; deposits a white sediment. Sorrowful, or apprehensive mood; ailments from emotions; old-looking children with sickly complexion; very painful dentition, teeth are wedge-shaped, or decay as soon as they come through; tongue dry; keen appetite, especially for meat, or aversion to meat, with vomiting after eating it; great thirst; great desire for spirituous drinks, with weakening leucorrhoea; constipation, or cadaverous smelling diarrhoea; skin on the extremities dry and rough; sleeplessness, worse before midnight; child moans constantly or dozes with half open eyes; tosses about all night without apparent cause; starting when scarcely fallen asleep; laughs aloud during sleep; nocturnal enuresis in children who are very hard to arouse (Guernsey); sweat almost wanting, rapid emaciation; skin remarkably pale. Perfect depression of the trophic nervous system (Lilienthal).

Merc. sol.—Frequent and profuse micturition, far more urine passed than water drunk; urine often sour and pungent. Ptyalism, thirst, flabby tongue, fetid breath, easy perspiration giving no relief, general aggravation at night.

Natr. mur.—Polyuria; involuntary urination when walking, coughing, laughing. Sadness and weeping, aggravated by consolation; face shines as if greased; mouth, lips, and tongue dry; mapped tongue; excessive hunger, longing for salt, bitter things, oysters, fish and milk; aversion to bread and coffee; unquenchable thirst; constipation; stool fissures the contracted anus, causing bleeding; severe backache, relieved by pressure and by lying on the back; loss of sleep, with vivid dreams of robbers in the house; starts, tosses about, and talks in sleep; no sweat; emaciation, especially of the neck; skin generally cold; great debility.

Phos. acid.—Frequent emission of pale urine, often as clear as water, difficult to retain, and decomposing easily with deposit of a white cloud; worse at night. Bad

effects from grief and unfortunate love; skin of face feels tense as if white of egg had dried on, with sensation of a crushing weight on the vertex; dryness of mouth and throat, often with accumulation of tenacious mucus; unquenchable thirst, wants food warm; desire for beer and milk, or aversion to beer, spirituous liquors, and coffee; difficult discharge of even the soft stool (*Album.*), or undebilitating diarrhoea; drowsiness; awakened by canine hunger; emaciation; sensation as if beaten, in back and limbs, especially in rapidly growing youths.

Phosphorus.—Urine profuse, pale, watery, of reduced specific gravity; sometimes passed involuntarily. Great anxiety and restlessness, especially at twilight, when alone, or during a thunder storm, with palpitation of the heart and acuteness of the special senses; excitable, easily angered; epistaxis during stool; nose, lips, mouth and throat dry; appetite increased, or loss of appetite alternating with bulimia; wants food and drink cold, thirst for very cold drinks; after eating, sleepiness; belches much, even after a little food; regurgitation of food in mouthfuls without nausea very soon after swallowing it; characteristic constipation; weak, gone feeling in abdomen; with burning between shoulders; emaciation, with great nervous debility and very cold feet; hyperaesthesia of all the senses; epilepsy, with consciousness; paralysis; exostoses, especially of skull, with tearing, burning pains, worse at night; small wounds bleed much; purpura; aggravation from lying on left side. Especially in tall, slender patients, who are nervous and weak, and in young persons who have grown too rapidly; tendency to phthisis.

Rhus tox.—Frequent urging, with increased secretion of urine, which deposits a white sediment; urine may be voided slowly from affection of spine. Mouth and throat dry, with thirst; desire for oysters, sweets, beer; craving for cold milk; aversion to spirituous liquors and meat; dreams of great exertion, as in rowing, swimming, etc.; rheumatic pains and stiffness, relieved by motion; even rheumatic paralysis; constant restlessness, worse from keeping quiet, where the disease is caused by fatigue and strain of muscular system.

Spigelia.—Urine copious, passed frequently, preceded by pressive pain in bladder, which is relieved by micturition; spurring of urine when pressing on the bladder; urine deposits a white sediment; urging worse at night. Anxious about the future; characteristic headache and prosopalgia; mouth dry; ravenous appetite, with nausea and thirst, or anorexia, with violent thirst; constipation; body feels heavy and sore when rising from a seat; skin pale, wrinkled, yellow, or earthy.

Squilla.—Violent urging to urinate, with frequent emission of pale, limpid urine, looking like water; involuntary urination, especially when coughing. Great anxiety of mind, with fear of death; angry at trifles; mouth and throat dry; insatiable appetite, and increased thirst; longing for acids; painless constipation; frequent yawning without sleepiness; restless sleep with much tossing about; perspiration absent. General aggravation in the morning, and from motion. "Forms of diuresis (diabetes) occur, in which this drug, increasing the secretion of urine as its primary action, and also corresponding homoeopathically to the other symptoms of the disease, will be found a specific and curative remedy."—(HAHNEMANN.)

Sulphur.—Urine profuse, pale, watery, passed more frequently at night; preceded by sudden, almost uncontrollable urging; specific gravity decreased, solid constituents increased. Heat on top of head; pressive pain in vertex, which is tender when touched; dryness in mouth, throat, and palate, or ptyalism from abuse of mercury; appetite increased even to bulimia; great thirst, always exceeding the hunger; violent thirst for beer, longing for brandy, or sweets (which disagree); milk causes sour taste and sour eructations; feeling of fullness in the stomach; hungry and faint at 11 A.M.;

constipation, stools hard as if burnt, and often crumbling, or hard, knotty, scant, with frequent "false calls" (*Nux.*); or painless early morning diarrhoea driving patient out of bed, sleeps in "cat naps," jerks and twitches, awakens with a start or scream, talks loudly while asleep, must lie on his back, burning of feet; children dislike being bathed; offensive odor to the body despite frequent washing (*Comp. Psor.*); dry flabby skin; emaciation with an old look to the face; skin eruptions. Especially in scrofulous patients who walk stoop-shouldered; and when well-selected remedies fail to act.

Tarax.—Frequent, profuse, and pale urine. Tongue covered with a white film, with a sensation of rawness followed by peeling off of this film, in patches, leaving dark red, tender, very sensitive spots (mapped tongue), gastric symptoms; thirst; stool difficult, but hard, requiring much pressure; pimply, scrofulous skin, with stinging in it. Better from walking. "It is of use, homeopathically, in forms of diuresis (diabetes), when the other symptoms correspond to *Taraxacum*, and when the disease is not of miasmatic origin, as often happens."—(HAHNEMANN.)

Trifolium pratense.—Diuresis; urine pale, with uneasiness in the region of the kidneys. Headache; dry, husky feeling in throat; constipation, each defecation followed by several drops of dark blood, with a bearing down sensation as if the bowel would prolapse from its own weight; stool covered with mucus; unrefreshing sleep. Better in the evening and in the open air. The high specific gravity (varying from 1021 to 1036) of the urine, renders the value of this remedy in polyuria somewhat problematical. Clinical experience must decide.

Mineral Waters.—Carlsbad, Gastein, Bethesda and Vichy.

HOT WATER ENEMATA IN DELIVERY.—Dr. Beckingsale gives in the *British Medical Journal* the results of his use of hot water in labor. "Latterly," he says, "I have had enemata of hot, not merely warm water administered, whether there was any appreciable collections of feces or not, and always with the result of an accelerated rate in the progress of labor. The fact of the os dilating under the influence of the enema, whether there was an appreciable quantity of feces or not in the rectum, proves that their presence does not prevent dilatation by causing spasm—at least, not in the majority of cases. It follows that the hot enema must act as a direct and powerful stimulant to the uterine muscle, and I feel convinced, I may add, as a result of close observation, also to the voluntary muscles engaged in the act of parturition. Judging from the sense of relief which follows its administration, it has, at the same time, a relaxing and soothing effect on these same parts—analogue, in short, to the effect of hot water applied in the familiar form of a fomentation to an inflamed and painful swelling."

"I believe I am justified in adding that there is less atony of the uterus after delivery, when a hot enema has been given, and consequently less tendency to post-partum hemorrhage."

A NEW MODE OF RESUSCITATION is thus described in the *Independent Medical Investigator*: The patient after being rescued is stripped naked and rubbed with salt over the entire body, especial care being taken to rub the breasts, joints and temples. A sailor who recently fell into the River Douro, after being submerged for one-half hour, and to all appearance was perfectly dead, by being treated as above indicated, recovered and was able to walk around in four hours. This is further confirmed by experimenting on cats and dogs. After keeping a dog two hours under water, and packing the creature in salt, omitting the nostrils only, the dog recovered.

PASSAGE OF A LUMBRICOID WORM THROUGH THE EAR.—Dr. Paul Dagand writes to the *Journal de Med. et de Chirurg. Pratique* for June, 1883, concerning an epidemic of measles occurring during the first quarter of the present year. In every case he observed a peculiar complication in the presence of a large number of lumbricoids, which were discharged from both the mouth and the rectum, sometimes to the number of fifty or more. He was called in haste, one day, to see a child suffering from measles and secondary pneumonia, from whose ear the father said a worm was coming. The child had complained for two days of violent earache, and Dr. Dagand, upon his arrival, discovered a piece of a worm, about a line in diameter, in the external auditory canal. A piece about two inches in length had already been torn away, and the attempt to remove the rest was successful. The worm had apparently passed up through the eustachian tube and perforated the drum. There was an otorrhoea for some days, which gradually disappeared. When seen two weeks later the child was well, with but slight impairment of hearing.

EXTERGE OCULUM.—This is the title given by Dr. C. R. Eggemann, of Detroit (*Chicago Med. Journ. and Examiner*, Sept., 1883), to an operation of which he looks upon Dr. Liebold, of New York, as the inventor, "he having taught and practiced it for many years." Dr. L. regards it as indicated wherever enucleation is practiced, "except in cases of intra-ocular tumors, or where a tumor has invaded or is liable to invade the sclera."

The operation is thus described: "The patient being anesthetized, the lids are held apart by a stop speculum, and the bulbus firmly with the fixation forceps; then the eye is transfixed with a Graefe knife in the horizontal diameter, about two lines from the sclero-corneal junction, or posterior to the ciliary body, then cutting either upward or downward as the operator thinks best; the fixation forceps are removed after completing the incision, the flap is grasped by the same, and the remaining portion is cut away with scissors curved on the flat. The principal point is to remove all the ciliary nerves from their entrance into the corpus ciliare. Then the interior of the eye is *ripped out*, as it were, with small pellets of lint, the latter being held with the fixation forceps, removing thereby the retina, choroid and ciliary nerves, leaving nothing but the whole sclerotic with the muscles attached. The conjunctiva can be united with two sutures over the opposite recti muscles, or the sutures can be omitted and the sclera allowed to become glued together by the proliferation of cell elements. The after treatment consists in cold water dressings, or the application of an ice bag. Apply as long as the patient feels comfortable with it. There is no trouble from secondary hemorrhage, as sometimes happens after an enucleation, in cases where the arteries are diseased, for in this operation the arteries entering the eye are twisted by the motion of wiping out the eye, while in enucleation they are cut transversely. The swelling is inconsiderable and subsides soon. The stump is larger and moves better, as all the external muscles remain in their original position. The objection that an artificial eye will irritate easier is groundless; if it is too large it will irritate the branches from the nervous nasociliaris, whether the sclera is preserved or not."

The writer relates a very successful case in which he was led by an accident during attempted enucleation to resort to this procedure, and expresses the hope that it will in time "supersede enucleation and opticociliary neurectomy, or any of the operations for total staphyloma of the cornea."

WART CURE.—Vidal bandages the wart with flannel and soft green soap. After a few applications the wart becomes soft and can be easily removed.

UNION BY FIRST INTENTION IN SCALP WOUNDS.—Dr. Robert T. Morris, of Bellevue Hospital, gives the following directions for securing primary union in scalp wounds:

Let us take for example a typical case.

A man in good health is struck upon the head by a falling beam, and receives a lacerated and moderately contused wound. The wound is a couple of inches long, extending entirely through the skin, and gaping perhaps to the extent of a quarter of an inch. The bleeding is so profuse that the patient comes to you promptly, thereby giving you great advantage.

Of course the first thing to be done is to make sufficient pressure to control the hemorrhage, and then the hair is carefully trimmed away from the edges and vicinity of the wound. A patient who is bald here finds for the first time a redeeming feature to his condition.

After sufficient hair has been removed, a thorough syringing of the wound with *carbolyzed water* ($\frac{1}{30}$) should follow, and then a most thorough search must be made for any foreign body, a single hair left in the cut being sufficient to prevent union by first intention in its vicinity.

Twist together two or three horse-hairs which have been kept in *carbolyzed oil*, and lay them in the wound, allowing the ends to project from either extremity, and then with a medium-sized curved needle, put in enough silk sutures to bring the edges of the skin closely in apposition, taking care that the needle penetrates the entire thickness of the skin each time it is inserted.

After all the sutures have been tied, the horse-hair should be pulled back and forth a little by means of the projecting ends, in order that the canal for deep drainage may be free.

Superficial drainage is next to be looked after, and this end may be gained very nicely by wringing out six or seven thicknesses of cheese-cloth in *carbolyzed water* ($\frac{1}{30}$), and applying as a compress on the wound, first rubbing a little *iodoform* well into the portion which is to come next the skin. Gutta-percha tissue, or any other water-proof material, should then be placed over the cheese-cloth, and the edges allowed to project far enough over so that everything beneath will remain moist and warm. A bandage applied not too tightly completes the dressing.

In twenty-four hours the horse-hair may be removed and the dressings replaced. In forty eight hours or later, the stitches should be removed, and a warm and dry dressing placed over the site of the wound. If the patient is asked to return for examination in a day or two, the wound will almost always be found to have united beautifully by first intention, and a long period of suppuration, with numerous complications, to have been avoided.

When failure occurs in a case like the one described, the causes are usually due to a lack of care in the application of the deep or superficial drainage.

The sutures may have been tied more tightly than necessary, or some foreign material may have been left in the wound.

ETIOLOGY OF DENTAL DISEASES.—Dr. W. C. Barrett (*Independent Practitioner*, Sept., 1883) has investigated the condition of the teeth in certain prehistoric American races, as shown by numerous skulls preserved in the Peabody Museum of Archaeology, at Cambridge, Mass., and reaches the following general conclusion:

Dental caries and oral diseases are not the results of modern civilization. They are not wholly due to errors of diet, nor to the use of tobacco, or condiments, or to any peculiar manner of preparing food, nor do they have their origin in perverted neural currents and the general deterioration of mankind, since they have accompanied man, so far as we can trace, through all the gradations of his development.

THE APPLICATION OF NITROUS OXIDE AND AIR, OR NITROUS OXIDE AND OXYGEN, UNDER PRESSURE, TO PRODUCE ANÆSTHESIA FOR DENTAL AND SURGICAL OPERATIONS.—From a paper on this subject by Dr. E. P. Howland (*Independent Practitioner*, Sept., 1883), describing his own experiments and the practical operations made in Paris, we extract the following general conclusions:

1. *Nitrous oxide*, administered under pressure, and mixed with oxygen, produces within a few seconds a profound insensibility.

2. Under these conditions, life may be indefinitely sustained without the least danger of asphyxia.

3. In augmenting or diminishing the pressure, the degree of anesthesia may be regulated at will and with mathematical precision. Therefore there is no danger of any of the accidents incurred through the use of *ether* or *chloroform*.

4. When inhalation of *nitrous oxide* and oxygen is stopped, the patient recovers consciousness in a few seconds and feels no consequent discomfort.

5. *Nitrous oxide* is merely dissolved in the plasma of the blood and escapes when inhalation ceases.

6. Its use causes no danger to nutrition, and no change in the chemical composition of the organs or cessation of their functions.

7. The action of compressed air upon the operator and his assistants need not be feared.

Compressed air is very efficacious in the treatment of catarrh of the mucous membrane of the nose, the Eustachian tube and the respiratory organs generally.

8. By reason of these facts, *nitrous oxide* and oxygen is proven to be superior to *ether* or *chloroform*, whether we consider its profound anæsthetic effects or its freedom from injurious results.

9. If the pressure of the air chamber is properly regulated it is absolutely impossible for the patient to run any risk from anesthesia alone.

10. In all that concerns the application of *nitrous oxide* and oxygen to surgery, the scientific phase may be said to be exhausted, and this anæsthetic agent should be henceforth used for operations of indefinite duration, instead of *ether* or *chloroform*.

DANGEROUS PULSE SYMPTOMS.—(*Archives of Medicine*.) A pulse at first dicrotic, which gradually loses its dicrotism and becomes quick and monocrotic, is indicative of pathological changes from which induced or spontaneous recovery is extremely doubtful. When transferred, by the sphygmograph, to paper, it may well be called the lethal trace. In its development there is more than a failure of arterial tension; there is a failure of arterial elasticity. Such a pulse is not inevitably followed by death. In the collapsed stage which follows the pyrexia in a severe malaria paroxysm, and in some cases of cerebral concussion, the pulse is devoid of tension and dicrotism. But generally in acute diseases such a pulse is fatal.

NEGLECTED MEASLES.—Dr. Danford Thomas, in his capacity as coroner, has directed public attention to the mortality which follows the neglect of measles. It is a common opinion among the poor that a child must have the measles, and that when it gets the disease it requires no treatment and but little care. This is a mistake. In the records of vital statistics it may be seen that it often proves more fatal in the large towns than any other zymotic disease, more even than scarlatina. With medical and parental care, the disease generally does well. But without this it is liable to serious complications, and apt to leave disagreeable consequences. —*Lancet*.

SCABIES.—Guerin applies an ointment made by dissolving ten parts *naphthol* in five parts *ether* and mixing it with 100 parts of *vaseline*. Secluded from the air it will keep a long time.

New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

Business Communications should be addressed "Publishers, 526 Fifth Av.," and Checks, etc., made payable to the NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK.

WM. B. WOOD, M.D., *Business Manager.*

NEW YORK, NOVEMBER, 1883.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. I.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

BRAIN WORK.

The brain, like every other organ in the body, when in health works without friction and without apparent effort. When that work seems a toil and a heavy labor it shows something is wrong, either in the nutrition of the brain or in the general system, and instead of forcing it to do work against which it protests, the cause should be ascertained and remedied. The skilled athlete does his work easily without apparent effort. Every part of the body, the stomach, the lungs, the bowels, do their work so easily and with so little friction that we are hardly aware of their existence except by the results. An immense amount of the hardest kind of brain work can be accomplished even in old age without apparently the slightest unpleasant result, and attended only with the ordinary fatigue of healthy work. In proof of this we need only instance some of the prominent European statesmen, whose power for brain work seemed to be not only unimpaired, but was strengthened after they had passed threescore and ten years. One reason undoubtedly is, the peculiar mental training which excludes, from childhood up to old age, those dangerous factors in our new country and growing institutions, of worry, excitement and undue haste. The dangerous elements in our American life are not only haste, worry and excitement, but, strange as it may seem in a land of plenty, starvation of the brain. The brain and nerve tissues are the highest and most delicately organized of all the structures of the human body. In this system, the force is generated which brings into activity all the functions of the body. It supplies not only its own life and vitality, but that of all the other organs. In a healthy condition it

usually craves those very elements of food which best promote its own nutrition and that of the general system. The active working brain demands a food rich in nitrogen, different in many particulars from that of the mere physical worker, where there is but little thought, but mere muscular activity. But the highest type of manhood is undoubtedly that where neither the physical or mental systems are cultivated at the expense of the other, the food being adapted to the wants and development of both. Especially is this the case in childhood, where the brain is developing, and the organs in a formative process. A lack of the proper kind of food, and an increase in the work placed upon the brain as a whole or any one faculty sufficient to produce tension, must result in some form of physical disturbances or brain harmony, which may leave its effect upon mind and body through life. The effect of brain work rightly systematized is undoubtedly to increase its strength and activity, and this very activity stimulates nutrition. It is easily to be seen that the working of the healthy brain, through its controlling power over the entire body, has a tendency to prevent the indulgence of those sensual and selfish desires and passions which not only disturb, but bring in direct conflict with the organic laws of our being all the organs of the body.

It is a problem which time alone can solve if the hereditary taint of disease and mental inequalities which flow down the current of life for generations may not, by proper brain food in childhood, mental and physical, with healthy surroundings, be so far held in check as at length to be entirely eradicated. This great social problem reaches out and is felt in every avenue of life. How can a child be fed intelligently, trained intelligently, developed on a plane of mental and physical harmony, until parents are imbued with the correct ideas of life, and the home becomes a school, through which divine and human influences blend in a harmonious mental and physical development? There are homes where a polluted family current has become purified, and the mental and physical characteristics of a race changed from a plane of sensual and vicious indulgence to higher development and nobler aspirations. It may have been after a protracted struggle, a combat lasting through more than one generation, but the work has been done, and what has been accomplished in one home may be reached through every home through the world.

In this work of regeneration, an enlightened, honest, fearless medical profession must take the lead. In dealing with the human race we must deal with facts evident to our senses and draw our illustrations from the every day walks of life with their present rewards and present penalties. We are like men living in a narrow valley hemmed in by impassable mountains. From over the barrier on one side there comes no voice from the past to tell us from whence we came or the process of our development. The lights of science thus far are dim and uncertain, and all is doubt and conjecture. The world beyond those mountain tops on the other side, heights only to be passed by disembodied spirits,

is silent to us. It sends no messenger back to us to tell us of its secrets, its brightness or its gloom. We hope everything. The present life is with us and we can trace its progress and the influences at work upon human development, from the early dawn of life to old age, from the cradle to the grave. The penalties of violating natural laws, of undue tension of the brain, are around us on every side, in wrecks and ruins, in the scaffold, the prison, the hospital and the asylum. And the results also of proper brain development, of well-ordered lives, are seen in happy homes, in splendidly developed mental and physical organizations, and in lives full of usefulness and of honor. The world is so full of illustrations everywhere, of both sides of the question, of the downward tendency of vice and the upward path, and nobler, sweeter life of virtue and honor, that they constitute stronger illustrations of great truths and more powerful incentives to a correct life than threats of future wrath or promises of future rewards. And just here the physician steps in, with his armory of facts, drawn from every day life, as the counsellor, adviser and friend. Happy will it be for him and the world if he realizes, even partially, the responsibilities and possibilities of his profession, and acts in accordance with an enlightened judgment.

THE CODE IN THE ACADEMY.

The Academy of Medicine, at a recent stated meeting, according to the *Tribune* report, ended for the time being the troublesome controversy on a Code of Ethics in a manner that sent home both factions as victors and both as vanquished. The amendments to the constitution and by-laws offered by the President, Fordyce Barker, and supported by the liberal party, were defeated by a minority of the Fellows of the Academy after a contest that was carried on with great earnestness and some little bitterness. After this had been done the liberal majority—not large enough to carry the amendments, but yet large enough for the ordinary parliamentary business of the Academy—rescinded by an emphatic vote the obnoxious resolutions introduced by Dr. Austin Flint, Jr., and carried over the heads of the surprised minority last April. With these two performances the Academy accomplished the circuit of the question and stood after adjournment precisely where it did before the ethical war had entered its doors.

That the fight would be fought to the end was manifest at the meeting two weeks ago, when Dr. Barker introduced his amendments after having sent them to the Fellows with a letter urging their adoption. The resident Fellows number 357; the average attendance at the meetings when scientific subjects are presented is hardly more than fifty; last night the registry showed 215 names. Only one subject was talked about. The leaders in the fight came early and secured commanding seats. The methods used were the ordinary methods of political bodies. A caucus had been held by the upholders of the old Code of Ethics on Monday night at which a count of noses had fixed the strength of their contingent and the plan of the campaign had been laid out. Dr. Flint, Jr., led the forces and they remained as implicitly obedient throughout subsequent discussions and votings as ever did a filibustering minority in Congress. Drs. Loomis and Roosa managed the majority, and it showed no break from the opening of hostilities to the end. Both sides were anxious from the start to measure their strength and it did not take them long to reach a test vote.

PRECIPITATING A TEST VOTE.

The amendments of Dr. Barker abolished the by-law which made the Code of Ethics of the American Medical Association the code of the Academy. On this the issue was joined. Two weeks ago the amendments were discussed in Committee of the Whole, and a resolution was passed recommending to the Academy the adoption of the amendments. Previously the Council, composed of the officers of the Academy and the chairmen of its standing committees, had disapproved them. The Committee of the Whole had reported progress and asked leave to sit again, which had been granted. When the subject came up in regular order last night, therefore President Barker declared the Committee of the Whole again in session. Dr. Ellsworth Eliot again took the chair and asked the pleasure of the committee touching the matter under discussion.

Dr. Austin Flint, Jr., arose and made clear the tactics of the opponents of the amendments. A vote was to be forced as soon as possible, for a three-fourths majority was necessary to pass the amendments, and this, it was known, could not be obtained. Dr. Eliot ruled that the motion to rise was not open to discussion, and on an appeal being taken by Dr. Roosa, the committee sustained the chair. The motion was adopted. President Barker, on resuming the chair, called for the report of the committee. Dr. Flint objected, on the ground that the matter had been disposed of at the last meeting. Dr. Barker maintained the correctness of his call, and the Academy sustained his ruling on appeal. Dr. Carpenter, the secretary of the committee, then reported that the Committee of the Whole had recommended that the amendments be approved.

Dr. Flint, Jr., moved that the committee's report lie on the table. Dr. Roosa called for the yeas and nays, and was seconded by the requisite number of Fellows under the rules.

The chairman asked for the secretary's minute of the motion and the secretary read it as stated by Dr. Flint, Jr. The roll was then called and the motion was lost by a vote of 121 to 94.

Dr. Loomis moved that when the vote be taken on the adoption of the amendment it be by ballot. Dr. Austin Flint moved as an amendment that the resolution be indefinitely postponed. This was lost on a *viva voce* vote, and again on a call for the yeas and nays, the latter vote being yeas 88, nays 146.

THE AMENDMENT DEFEATED.

On motion of Dr. Loomis, the Academy then proceeded to vote by ballot on the amendment as a whole, the count showing the following result: Whole number of votes cast, 213; yeas, 221; nays 92. The amendments were lost for want of a three-quarter majority.

Dr. Barker said:

"Honor and prudence demand of the members of such an organization as this, with its high aims in science, that unanimity of action which is necessary to success. It is with pain and regret that I am compelled to announce the vote which has just been taken. In a letter which you have all seen I stated my reasons for believing that those amendments were most important. Having failed to convince a sufficient number of those whose votes were necessary to the adoption of the amendments, I must acquiesce in the verdict of the majority. No one can say that I ever endeavored to secure the passage of these amendments by personal influence or personal solicitation, for I felt that such a matter should be left to the judgment and intelligence of a body of men such as this Academy is composed of, unbiassed by prejudice and free from passion. I beg most earnestly that all past controversies, so far as this Academy is concerned, may be forgotten. I am convinced that very many of these differences have arisen not so much from differences in principles as from differences in detail. For myself I can only say that in the future, as in the past, I shall give my best efforts—

and I beg of you to give your best efforts—to keep up the high scientific position of this Academy and to support and increase this beautiful library for which we are indebted to so many liberal benefactors."

Dr. Loomis said:

"I desire that this Academy may be placed in such a position that it may be free from any such experience as it has had in the last two weeks. I therefore read the following preamble and resolution which were adopted here at a packed meeting on April 19:

"WHEREAS, The New York Academy of Medicine has adopted in its by-laws as its standard of medical ethics the code of ethics of the American Medical Association, and

"WHEREAS, Each newly elected Fellow of the Academy is required to sign its constitution and by-laws, be it

Resolved, That the Committee on Admissions be and is hereby instructed to report to the Academy for election as Resident-Fellow no physician who is known to the committee to be in opposition to the code of ethics of the Academy, and who, as a consequence, cannot consistently sign the by-laws of the Academy.

Resolved, That these instructions to the Committee on Admissions be continued in force until the American Medical Association shall have modified or repealed its code of ethics, and such modification or repeal shall have been adopted by the Academy, or until the Academy shall have modified or repealed its by-laws referring to medical ethics.

"I move that these resolutions be rescinded. You have been told that we had come here to vote upon Code questions, that we were to decide whether your Academy should be ruled by the actions of the American Medical Association or not. Such statements are incorrect. We are here to decide the welfare of this Academy—whether it shall continue to occupy the high position it has so long held as a scientific body or pass into a state of degeneracy and anarchy. We should remove every possibility of a renewal of such a contest from this Academy, and this cannot be done as long as these resolutions stand upon our records. If they remain, these same scenes will be repeated again and again until this Academy is disorganized and bitter feelings bred among its members."

Dr. Agnew urged the adoption of the motion to rescind the resolutions, on the ground that they were unconstitutional.

After further discussion, in which Dr. Roosa took part, the resolution of Dr. Loomis was carried and the Academy adjourned.

The *Evening Mail* reviews the subject editorially thus facetiously:

"From present appearances the fight will go on for some time to come. On one side are some of the most able and learned physicians and surgeons of this city, and on the other side superiority in numbers and the dogged persistence characteristic of obstinate men defending a bad cause. Neither party entertains the slightest intention of surrendering, but there can be no possible doubt that in time the supporters of the new code will be successful.

"The ground virtually taken by the defenders of the old code is that a person who employs a homœopathic physician is worthy of death, and that no 'regular' physician shall lift a finger to save the felon's life unless the latter repents and turns his homœopathic accomplice out of the house. The supporters of the new code have the unblushing effrontery to propose that a 'regular' physician may, with the view of saving the life of a patient who has employed a homœopathist, meet the latter and listen to the revolting recital of the treatment which the patient has undergone. The partisans of the old code are not, as might be supposed, men who prefer to indulge their own prejudices even at the cost of sacrificing the lives of their fellow-men.

"On the contrary it fills them with anguish to see any person die without their assistance, but such is their sense of the unspeakable wickedness of homœopathy that they are sadly compelled to believe that the wretches who employ homœopathic physicians ought to die, and no good medical citizen should interfere to prolong their miserable lives.

"The only way to settle the disagreement between the partisans of the two codes and to secure the supremacy of those who cling to the old code is to procure the passage of a law making it felony for any person willfully and knowingly to employ a homœopathist. The offense should be punished, not with immediate death, but with imprisonment in the State prison, together with treatment by 'regular' physicians. The moment the guilty person is placed under arrest he will, of course, be forbidden to hold any communication with his homœopathic partner in crime. It will then be quite proper for the court to assign a 'regular' physician to take charge of the prisoner, and to experiment upon him with strong medicines until he either recovers or dies. In the latter case nothing more will remain to be done, and in the former case—if such a case ever occurs—the prisoner can be delivered up to the surgeons for vivisection. Since the friends of the old code are—as they assert—eminently humane men, they will gladly support this simple and philanthropic method of crushing at one blow the new code and the believers in homœopathy."

THE CODE IN THE COUNTY SOCIETY.

The question of sustaining the new code came up in the Medical Society of the County of New York on October 22d inst. in the form of rival tickets, the candidates representing the two elements termed "liberal" and "conservative," to be voted for as officers for the ensuing year.

It was agreed by all that the fight was for principles, and not for men, and the result was overwhelmingly in favor of the "liberals," the vote standing three hundred and seventy-five for Dr. Vanderpoel for President, as representing the "liberals," to two hundred and twenty for Dr. Thomas, the candidate of the "conservatives."

There was the usual skirmishing, in which considerable harsh language was displayed, and which will be regretted as time rolls on.

Dr. Flint, Jr., led the conservatives, as usual, and the liberals were headed by Drs. Piffard, Roosa, Loomis, Sturgis, Alexander, Carpenter, Howe and many others, all of whom did excellent service in behalf of the cause in which they had enlisted. This result will settle the code question in these quarters for some time, and the next encounter will occur in the State Society next February on Dr. Roosa's proposed amendment to the by-laws, rescinding all codes, allowing the members to act as their own independent judges in each individual case as it arises. The "liberals" have fought a good fight, and all they ask in return of all those outside their own organization, and sometimes dubbed "irregulars," is, that they abandon all sectarian designations and accept the title of physician. If such action is taken on the part of those who have been known as homœopathists, etc., the "liberals" will discontinue the use of the term "regular," etc., because there will no longer exist a reason for its continuance. The modes of practice of the two leading schools of practitioners are fast approaching each other, and ere long we shall see the leading and progressive men in both schools working shoulder to shoulder.

There will undoubtedly continue to be two factions of the extremes, both representing the past in medicine.

but the great body of the profession will be composed of the progressive men, who will consider facts without prejudice, and who will accept as their code the ethics which should actuate all gentlemen in their conduct toward each other, and with the practice of such instincts, there will be no need of a written law other than "THE GOLDEN RULE."

The lay press is unanimously in favor of the "liberals." The *Evening Post* says:

"The whole quarrel reminds one of the story of the Episcopalian lady who went with her Baptist married daughter, whom she was visiting, to the Close Communion Baptist Church, and took the communion there. The deacons were much annoyed, and reported the matter, with some indignation, to the wise old pastor, and asked what should be done. 'Well,' said he, 'watch and see if she does it again, and if she does, take my gold headed cane from the vestry, and hit her smartly over the head with it.'"

The *Evening Mail and Express* says:

"Ever since Dr. Quain consulted with Dr. Kidd, a homœopath, at the bedside of Lord Beaconsfield, the attention of the world has been directed toward the absurdity of the code which prohibits such consultations, whatever the distress of mind or body of the person on whose behalf the consultation is desired, and the demand for its abolition is steadily increasing among intelligent people. There are cases where it would be barbarity little less than murder for an allopathic physician to refuse to be present in a sick room with a homœopathic practitioner, and it is to be hoped that the New York County Medical Society will never again give its influence to the barbarous old code."

TRUMBULL CO., OHIO, MEDICAL SOCIETY.

At a recent meeting of this society, Dr. Harmon opened the discussion of the proposed change of the code so as to allow consultations with Eclectics and Homœopaths, by saying that the letter and spirit of the code now permitted it. It was only a traditional misapplication that opposed it. While it forbids consultations with irregulars, it defines irregular to be, "one whose practice is based on an exclusive dogma, to the rejection of the accumulated experiences of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry." "Now," said the doctor, "neither Eclectics nor Homœopaths are such irregulars. It is not fair to charge them with what they held to and practiced fifty years ago, any more than for them to charge us with the like folly. It is time to relieve ourselves of the charge of bigotry, and by free consultations give the community a chance to see that there is no practical difference in theory or practice between us. Eclectics occasionally bleed and give mercurials; homœopaths frequently give large doses, and we traditional regulars but rarely use venesection, and very cautiously use mercurials, and very often use very small doses. None of us hold exclusively to '*contraria contrariis*,' or to '*similia similibus*.' To the only rational interpretation of either, we all hold more or less. Eclectic and Homœopathic colleges recommend to their students a large proportion of regular books of practice. There is nothing left but the delusion of names. In

this country there is no central power to suppress delusions. The only weapon against them must be the slow one, of increasing knowledge." Drs. King, Brockett, Jones and J. R. Woods took up the subject, and on motion of Dr. Moore, of Kinsman, Dr. Harmon submitted the following resolution:

Resolved, That the Code of Ethics of the Ohio State Medical Society permits consultations with all legal and respectable physicians.

"A HOMŒOPATHIC SUGGESTION AGAINST THE IMMINENT DISSOLUTION OF HOMŒOPATHY."

The London *Lancet* says:

"It is not we only who advocate the dropping of the word homœopathy out of the vocabulary of scientific medicine. The *Hahnemannian Monthly* writes most sensibly in a recent issue," etc.:

"It must come to this—when, depends on the courage and sense of those who have made themselves a sect."

Since the above was written, we have read the indignant rejoinder in which our contemporary berates all those journalists who have been guilty of being misled by the intended sarcasm with which it assailed us. The admitted ambiguity of the article in question will make us wary hereafter of anything from this source, and we are also in doubt as to the reliability of much which we have accepted as genuine. Our friend had better stick to plain language and see to it that it is expressed in a manner to be understood by the ordinary intelligence. And now we are on the subject, let us go further and suggest that much of our literature is of this same unreliable character, and would that we had less of it! It is such as this that has furnished the ground upon which to call all homœopaths *humbugs*, and we will admit that there is too much truth in the assertion. Look at much of the stuff that appears with the stamp of the genuine coin upon it; examine, and you will find it a counterfeit!

FALSEHOOD REITERATED.

The New England *Medical Gazette* again allows its columns to be used by an anonymous writer, for the purpose of reiterating assertions which we have denounced as false. The article which we criticised appeared over an asterisk in that journal, thereby indicating its anonymous character, and we had no means of knowing its author; but he may cease his "trembling, lest the 'anonymous writer' should visit upon us the vengeance of the law in a libel suit." That is not the way we settle our differences here. We will wait for time to demonstrate which of us is right. Our rejoinder appeared as an editorial, and our contemporary has no foundation for the assumption that it was "an anonymous writer" who was replying, as the author was well indicated by his response that he was an editor of this journal, and he did not write over an asterisk.

We suspect that the "rub" with this writer, as well as with many others, is, that they will not get a chance "to consult with them safely when a good fat fee accrues thereby," and perhaps be prevented from purloining some excellent family practice, when called in as specialists, as has often happened.

Our reason for changing the title of this journal, for the adoption of which we were never responsible, was stated at the time, "as a matter of honesty and good taste," enabling "us to look to the vastness of the whole of medical science rather than to a single law, however important," and we would that all were actuated by a similar motive in their relations with others.

NEW YORK CITY CLINICS.

The value of clinical instruction is so fully recognized at present that any discussion of the matter would seem useless. So much study is crowded into the usual college course that much of the all-important clinical study is, as a matter of necessity, postponed till after graduation. New York is undoubtedly second to no city in the world in the variety of clinical material, and the amount is quite sufficient to illustrate from the standpoint of diagnosis almost every disease the physician will be called upon to treat. Foreign travel and a visit to the great schools of Europe has, of course, its benefits, but in clinical material and teaching New York to-day stands second to none. This will be seen when we state that in this city during the coming season in the various hospitals and colleges over one hundred and seventy clinics will be held each week. These clinics include every department of medicine and surgery, and most of them are presided over by able and scientific teachers. A very large number of important clinics have been established during the past year by the school for post-graduate instruction. The other great cities also present great facilities for clinical instruction, so that there is no excuse for any physician to enter upon the important duties of his profession without a previous practical training.

HARVARD'S NEW BUILDING.

The celebration of the one hundredth anniversary of the foundation of the Harvard Medical School took place, October 17, at Cambridge, at which time the new building of the medical school was dedicated.

In the rear of the platform, heavily draped with maroon, was the portrait of Dr. Oliver Wendell Holmes, and beneath it a marble bust of Professor Henry J. Bigelow. Addresses were made by the president and Dr. Oliver Wendell Holmes. The portrait of Dr. Holmes was presented by Dr. Francis Minot on behalf of the donors, and ex-Mayor Samuel A. Green presented the bust of Dr. Bigelow in appropriate remarks. President Eliot accepted the gifts on behalf of the University.

Dr. Holmes, in the course of his speech illustrating the microscopic facilities of the school, said: "A man five feet high, enlarged to correspond with the microscopic power used, would be a mile high, would weigh 120,000,000,000 pounds and could pick up the State House and chuck it into the sea, cleaning out that ancient structure by a summary process which would put to shame the exploits of Commodus and his kind."

The offensive warfare which has been waged of late by the Governor of the Commonwealth against this institution was met in the following dignified words:

"It is easy always to excite the odium of the ignorant against dissection, but in view of its great value to mankind, the intelligent should always defend it against appeals to ignorance and passion, especially against such

inflammatory appeals as lead to well-grounded apprehensions of noonday mobs and midnight incendiaries. In the face of all peccadilloes and idle slanders, the difficult and delicate duties of the several demonstrators have always been discreetly and humanely fulfilled, and the record of the school is most honorable, both to them and to the classes they have instructed. Let us remember, amid the false and foolish stories to which we are compelled to listen, that for every lifeless body dissected at the Harvard Medical School hundreds, if not thousands, have been saved from extreme anguish, and many from premature death, as a result of that dissection.

"Human remains preserved in every way calculated to illustrate scientific discoveries are in the museum of the school. Some tanned skins were there, but I have not seen them lately. Perhaps the cases may have been left open when unscrupulous strangers were strolling through the building. It may even have happened that some poor man whose leg was amputated may have given leave that the skin taken from it should be tanned, in consideration of the promise of a wallet, or perhaps a slipper for his remaining foot. At all events, the museum is one of great value to science, and is an attraction to all scientific visitors to our capital. Let us take heed lest the passions of the ignorant once aroused, it may share the fate that once befell the incomparable libraries of Alexandria."

In regard to the conduct of medical professors he said:

"In the face of all peccadilloes, and of the idle and baseless stories which have been circulated, I would say, as if from the chair which I no longer occupy, that the management of the difficult, the delicate, and all important branch committed to the care of a succession of laborious and conscientious demonstrators, as I have known it through more than the third of a century, has been discreet, humane, faithful, and that the record of that department is most honorable to them and to the classes they have instructed."

BIBLIOGRAPHICAL.

THE LAW OF SIMILARS: ITS DOSAGE, AND THE ACTION OF ATTENUATED MEDICINES. By C. Wesselhaeff, M.D., Professor of Pathology and Therapeutics in Boston University School of Medicine. Boston and Providence: Otis Clapp & Son, 1883. Pp. 71.

This little brochure is a compilation of lectures delivered from time to time by the author, upon the subjects indicated by the title, for the purpose of making the lectures on therapeutics and clinical instruction more intelligible.

The author admits in his preface that the explanation of this important subject will be as various as the number of writers, thus recognizing the fact that no two will view the subject from the same standpoint—a point which should go far toward making us charitable at least in our views in matters of which there is so much doubt.

Of *Materia Medica* the author says: "The trial upon the healthy is, and remains our only means of obtaining knowledge regarding drugs, which knowledge shall equal in comprehensiveness and exactness our laboriously obtained knowledge of natural diseases. To extend this knowledge of drugs, and to raise it in value equal to that of diseases, has been and is the aim of the new school of medicine." Our author then goes on to show that the plan of selection, according to the rule of similars, is an empirically ascertained fact, and not a theory. In endeavoring to give a comprehensive explanation of how medicines cure diseases, the hypothesis of Hahnemann is rejected, and in its place the theory that "medicines when given as similars act in a manner by which the enfeebled vitality is re-enforced in

the direction in which it is striving to re-establish the normal state, *i. e.*, health."

Hahnemann's expression, "*differing in kind*," has not been sufficiently emphasized in the opinion of this author, and "the selection is made according to similar visible effects between medicines and disease. The curative action implies an antagonism," and the *rational* has been "very well stated by Bartholow."

In respect to the universality of the rule of similars, our *brochure* reads: "There are unquestionably other rules referring to other means of restoring health. But let it be understood once for all, that the rule of similars applies *only to drugs*, and to nothing else, when a thorough, radical and constitutional remedy is needed. We do not need to say on the other hand that drugs may be applied according to other rules; as *ether* may be employed to produce insensibility to pain in surgery; an emetic or purgative may be employed to remove another poison from the system."

"While the rule of similars holds good particularly with regard to *opium*, this drug may be given to lessen the anguish of the dying when there is no hope of restoration. In short, a palliative as well as an antiseptic use of drugs is perfectly admissible, as long as we do not lose sight of our highest aim and object, *to cure radically, permanently and gently*. If the method of cure known under the name of homeopathy had no other merit than this humane maxim; if it had no other merit than to insure the *absolute safety of the patient* against the dangers of medicine, I would still embrace it unhesitatingly, in preference to any other system of internal medication known up to the present time."

In the discussion of the question of the dose the author says: "For practical people, it is enough to know, it seems to me, that we should confine our dosage to the *demonstrable presence of matter*, that is, to the 6th centesimal or 12th decimal trituration."

While we could point out what seem to us many deficiencies in the work before us, at the same time we unhesitatingly pronounce it the best extant upon the subject of which it treats, and it will be found of the greatest service to those who are seeking a knowledge of those principles which chiefly distinguish the new school practice from the old.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. Witthaus, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo; Professor of Chemistry and Toxicology in the University of Vermont; Professor of Physiological Chemistry in the University of the City of New York; Chemist to the City of Buffalo; Member of the Chemical Societies of Paris and Berlin; Member of the American Chemical Society; Fellow of the American Academy of Medicine, etc. New York: Wm. Wood & Co., 1883. Pp. 370, octavo.

As its title indicates, this book is peculiarly adapted to the wants of medical students, chemical physiology, the chemistry of hygiene, therapeutics and toxicology being particularly dwelt upon. The work is divided into three parts, the first treating of the principles of chemical science and so much of chemical physics as is absolutely required. The second part deals with special chemistry according to a new method, the elements being classed according to their chemical characters.

In the text the formula is used instead of the name of the element described, in order to familiarize the student with the notation, which is an excellent plan.

The third part is briefly devoted to operations and manipulations, and the whole is well adapted to the limited facilities of the medical practitioner, as well as the medical student. The book will undoubtedly find its way into the hands of all medical students at least, and will be found most useful to the practitioner.

THE DISEASES OF THE EYE: THEIR MEDICAL AND SURGICAL TREATMENT. By J. H. Buffum, M.D., O. et A. Chir., Professor of Ophthalmology and Otolaryngology in the Chicago Homeopathic Medical College; Ophthalmic Surgeon to the Central Dispensary; Formerly Resident Surgeon of the N. Y. Ophthalmic Hospital; Member of the American Institute of Homeopathy; Member of the American Homeopathic, Ophthalmological and Otolaryngological Society, etc., etc. One hundred and fifty wood engravings and 25 colored lithographs. Chicago: Gross & Delbridge, 1884. Pp. 428, octavo.

It has been the design of this author to state as concisely and briefly as possible the causes, symptoms, differential diagnosis and treatment of those diseases of which it treats, and which are met with in general practice, in that practical manner which will enable the general practitioner to successfully cope with their treatment. Numerous illustrations have been introduced, to enable the best understanding of the subject.

The book is intended not only for the student, but also for the general practitioner, and it admirably fulfills its mission.

LECTURES ON FEVERS DELIVERED AT THE CHICAGO HOMOEOPATHIC MEDICAL COLLEGE, WITH A FEW ADDITIONAL LECTURES. By John R. Kippax, M.D., LL.B., Professor of Principles and Practice of Medicine and Medical Jurisprudence in the Chicago Homeopathic Medical College; Late Clinical Lecturer and Visiting Physician to Cook County Hospital; Member of the American Institute of Homeopathy; Member of the College of Physicians and Surgeons, Ontario; Author of *Hand Book of Skin Diseases*, etc., etc. Chicago: Gross & Delbridge, 1884. Pp. 460, octavo.

This book contains the substance of a course of lectures delivered by the author in the college in which he holds the Chair of Practice; it is necessarily elementary in character, although sufficiently complete for the busy practitioner, and accords with most recent observation and investigation.

The indications for the use of medicines are exceedingly full, and the dietetic and hygienic rules are given at considerable length.

The book cannot fail to be a valuable text book, and will doubtless be adopted by the medical colleges for this purpose.

A MANUAL OF PRACTICAL HYGIENE.—By Edmund A. Parkes, M.D., F.R.S. Edited by F. S. B. Francois de Chaumont, M.D., F.R.S. Sixth edition, with an appendix giving the American recent practice in hygiene, prepared by F. E. Owen, C. S. E., in two volumes. Vol. I. New York: Wm. Wood & Co., publishers.

The work of Dr. Parkes has become a standard in matters of hygiene, and the present edition has been thoroughly revised and brought fully up to the present advanced position of the science. The subjects discussed are: 1, Water; 2, Air; 3, Ventilation; 4, Examination of air; 5, Food; 6, Quality, Choice and Cooking of Food; 7, Beverages and Condiments; 8, Soils. Well executed engravings are given where necessary to illustrate the subject. The growing interest in matters pertaining to hygiene renders a work like the one under notice, in which the various subjects are discussed from a thoroughly practical and scientific standpoint and almost in an exhaustive manner, peculiarly timely.

CHEMISTRY, GENERAL, MEDICAL AND PHARMACEUTICAL, INCLUDING THE CHEMISTRY OF THE U. S. P. A Manual of the General Principles of the Science and Their Application in Medicines and Pharmacy.

By John Attfield, F. R. S. Tenth edition. Specially revised by the author, for America. Philadelphia: Henry C. Lea's Son & Co., 1883.

One edition after another of Attfield's Chemistry following each other in rapid succession attest the estimation in which it is held by the public. Each edition is fully kept up to the rapidly advancing knowledge of the science.

A MANUAL OF PATHOLOGY. By Joseph Coats, M.D., Pathologist to the Western Infirmary and the Sick Children's Hospital, Glasgow; Lecturer on Pathology in the Western Infirmary; Examiner in Pathology in the University of Glasgow; Formerly Pathologist to the Royal Infirmary, and President of the Pathological and Chemical Society of Glasgow. With three hundred and thirty-nine illustrations. Philadelphia: Henry C. Lea's Son & Co., 1883. Pp. 818, octavo.

The work before us is the result of fourteen years of active practical pathological work and in the teaching of students by the author, in which the want of a complete text book was made manifest. The scope of the work is more extensive than that of most of its kind, and includes both Pathological Anatomy and General Pathology, a plan which adds greatly to the interest of the study.

In the systematic treatment of the various forms of disease, the plan adopted is to take up first the diseases in their general aspects, and afterward the diseases of the special organs and systems. The work, therefore, divides itself naturally into a general part and a special part.

In the general part is taken up those diseases which are not confined to any organ or tissue; most of them, indeed, may affect any organ of the body. In this part are included the following subjects:

The affections of the circulation and of the blood, Inflammation, Retrograde Changes, Hypertrophy, Repair and Regeneration, Infective Tumors, Tumors Proper, and Parasites.

In the special part, the diseases, as they manifest themselves in the individual organs and tissues, are considered.

The diseases described in the general part again come under review in each division of the special part, and much in the same order, the latter being in a sense an expansion and amplified illustration of the general principles educed in the general part.

The text is clear, concise, fully illustrated, and forms just such a hand-book as is required for students and for ready reference in every-day work.

COPP'S U. S. SALARY LIST AND CIVIL SERVICE RULES.

Our readers will welcome the solid information contained in the 160 pages of this recently-issued book. It is prepared by Henry N. Copp, a lawyer of Washington, D. C. All the Government salaries are given, from President Arthur's \$50,000 to postmasters with \$500, officials of the Treasury, Interior, War and Navy Departments, Custom Houses, post offices, and fully 20,000 federal offices arranged by States and Territories. Specimen examination questions for admittance to the Civil Service throughout the country are added. The price of the book is 35 cents.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY.

We have received Nos. 56-7 of the above annals, containing about 200 pages of matter. They contain papers read before the Society, together with the discussions thereon. As an appendix we have the pathogenesis of the acids *aceticum*, *benzoicum*, etc., prepared by a committee of the Society. Among the interesting papers we notice a clinical one by Dr. Blackley on "The Use and Non-Use of *Baptisia* in Typhoid Fever." The writer is of

the opinion, which we think is the right one, that this drug has no relation to genuine typhoid fever. The report of the London Hospital—included in the annals—for the year ending March 31, 1883: Number of patients treated, 586; mortality, 3.7 per cent.; out patients, 6,414.

The *North American Review* for November, by the liveliness and sterling worth of the articles it contains, satisfies the requirements of the most exacting reader. Senator H. B. Anthony writes of "Limited Suffrage in Rhode Island." Dr. Norvin Green contributes an article entitled "The Government and the Telegraph." The Rev. David N. Utter brings out from oblivion the record of certain alleged atrocious crimes of "John Brown of Osawatimic." There are two scientific articles, namely, "Solar Physics," by Prof. Balfour Stewart, and "Modern Explosives," by Gen. John Newton. W. H. Mallock contributes "Conversations With a Solitary." "Suggestions in Regard to the Public Service" are made by Green B. Raum. Finally, "Dr. Hammond's Estimate of Woman" is reviewed by Mrs. Lillie Devereux Blake, Miss Nina Morais, Mrs. Sara A. Underwood and Dr. Clemence S. Lozier.

DIO LEWIS'S MONTHLY. Dio Lewis, Editor. New York:

Frank Seaman, 68 and 69 Bible House. \$2.50 a year, 25 cents a number. 112 pp.

Three numbers of this new, novel and interesting periodical have come to hand, and we shall take occasion to notice some of its articles at length, as time and space will permit.

To the home circle we can commend it as thoroughly up to the times, healthful, pure, and worthy a wide reading.

OBITUARY.

Charles E. Blumenthal, M.D., LL.D., a distinguished physician of this city, died at his residence, 54 West 45th street, Oct. 11, in the sixty-ninth year of his age. Dr. Blumenthal was born in Hamburg, Germany, of Russian parentage on the father's and of Scotch on the mother's side. He was educated in the Lyons Gymnasium, France, and received the degree of Doctor of Medicine from the University of Berlin. His uncle, Gen. Blumenthal, was a distinguished officer in the French army. His early training was by the Jesuit Fathers, who predicted he would reach distinction as a priest in his church or as a heretic. He left Germany for political reasons and entered the Central American service, where he served as captain. He afterward commenced the practice of medicine in Charleston, where he practiced with marked success as an old school physician for several years.

In 1848 he was elected to the professorship of the Oriental and modern languages in Dickinson College, Carlisle. He was not only familiar with Hebrew, Arabic and Sanscrit, but with all the modern languages of Europe. While at Carlisle he preached for some time to a Lutheran congregation in the Methodist church, to which he then belonged, and was also admitted to the bar as a lawyer. He also translated *The Life of Christ*, by Neander, published by the Appletons, and a *History of the Christian Church* by Dr. Hase, published by the Harpers. He was the author of a popular work on Mythology, and contributed to various periodicals.

Dr. Blumenthal established himself in New York as a physician of the new school about twenty-five years ago, and soon gained an extensive practice. He was at one time President of the New York Homœopathic Medical Society, one of the editors of the *New York Medical Times*, and later the editor of the *American Homœopath*. He was Grand Commander of the Grand Lodge of Knight Templars. His body was taken to Washington, Pa., for cremation.

Lewis T. Warner, M.D., died at his residence, 39 East 19th street, October 1, aged 63 years. Dr. Warner had been in poor health for several months, but had so much improved that he was able to attend to his usual professional duties. While seated in his office talking with a friend, he was attacked with apoplexy, and died in a few hours. Dr. Warner occupied a high social position and was much esteemed as a physician. He was a pupil, a son-in-law, and for many years a partner of the late Dr. John F. Gray.

CORRESPONDENCE.

ANOTHER ANÆSTHETIC.

MESSRS. EDITORS:—Considerable stir has been created among the medical men here by P. Bert's discovery being practically demonstrated by Dr. Fontaine, of Paris. It has been shown that *nitrous oxide* combined with *oxygen*, if used under a strong atmospheric pressure, is a most valuable anæsthetic. Its usefulness, it is claimed, extends much further than that of *nitrous oxide* used alone, for it can be continued a great length of time without any of the untoward symptoms resulting that are usually attendant upon the continued administration of the *laughing gas*. Dr. Fontaine is the first to bring this anæsthetic to the notice of the profession with any proofs of its efficacy, and he has spared no pains to do it thoroughly.

He had constructed a movable metal apparatus, capable of containing ten or twelve persons, lighted by means of hermetically sealed windows placed in the sides and top, the interior containing a bed and other necessities for operating. Gutta percha bags contained the *nitrous oxide* and *oxygen*, and by means of tubes were connected with the cap that fitted over the mouth and nose of the patient, allowing him in this way to inhale both streams at the same time. The apparatus is closed after the surgeon and assistants have entered, and the air is then greatly condensed by means of a large air pump outside, which is worked by some half-dozen men. In this manner a large number of operations have been performed at the Parisian hospitals, and the anæsthetic has given entire satisfaction.

The efficacy of this combination has not yet been tested in other quarters, but is soon likely to be. Even if it prove successful in other hands, it seems very uncertain to what extent, if at all, it will supersede the use of *ether* or *chloroform*. The inconvenience and expense of the apparatus must necessarily be a great drawback to its usefulness. However this may be, it has so far proven quite as good as our other anæsthetics, no accident or approach to one having occurred.

Yours fraternally,

JNO. M. FOSTER, M.D.

GÖTTINGEN, GERMANY, Sept. 13, 1883.

SOCIETY REPORTS.

NORTHERN SOCIETY MEETING.

The Medical Society of Northern New York held its thirty-second annual meeting in Albany, Oct. 17, 1883. The President, Dr. P. W. Mull, opened the meeting promptly at half-past ten o'clock, with a few timely and pertinent remarks.

The report of the Secretary, Dr. H. M. Paine, set forth the importance of increasing the prestige and influence of the society, and pointed out the methods to be employed for securing these ends.

The report of the committee on drug proving, in which the desirability of pursuing original investigations in this department, was strongly advocated.

A highly interesting and instructive paper illustrating the method of examining sputa and secretions containing bacteria, particularly the bacillus of phthisis, was read by Dr. William Hailes.

A paper entitled "Common Sense in Therapeutics," in which two natural methods of cure were described, either the destruction of germs by large doses of medicine, or the removal of the constitutional diathesis by comparatively small doses, by Dr. George E. Gorham.

A paper on the "Inoperative Status of the Old Code," and advocating the largest liberty of medical opinion and action in all medical matters, by Dr. C. J. Farley.

A minute description of the history of a case of acute ophthalmia of more than usual severity and obstinacy, by Dr. George S. Munson.

A paper describing at length the history and treatment of a similar case of ophthalmia, by Dr. George S. Norton.

A paper, entitled "Post Partum Treatment," in which indications for remedies found serviceable, in an experience of eighteen years, were stated, by Dr. E. Hasbrouck.

Dr. C. J. Farley reported a case of pleuro pneumonia; an obstinate case of crusta lactea; a case of sciatica; a case of phlegmonous erysipelas; a case of puerperal fever; a case of cardiac dropsy; a case of scirrhus of the bladder; a case of nursing sore mouth; a case of sick headache, and cases of malarial fever.

A paper, entitled "Mercurius cor. in the treatment of albuminaria," by Dr. E. Hasbrouck.

A paper, entitled "Ante-Partum Treatment," which contained many useful and practical suggestions relative to the treatment of diseases and conditions frequently met with in practice, by Dr. H. M. Dayfoot.

A paper on epidemic malarial fever in Saratoga and Schenectady counties, by Dr. W. E. Rogers.

A paper on "Hot water and the rubber bandage in sprains, injuries and chronic inflammation of the joints," by Dr. M. O. Terry.

A paper on the use of "Hypericum perforatum in the treatment of headache and spinal irritation," by Dr. George E. Gorham.

A description of a case of fibroid tumor and of the operation for its removal, by Dr. H. S. Paine.

"A brief outline of the pathology of pneumonia, with a criticism of its treatment, as recommended by Bartholow and others," in which is pointed out, from a physiological point of view, the danger arising from the immoderate use of *opium* and *quinine*, particularly of the latter, in cases of bronchial and pulmonary congestion and inflammation, by Dr. M. O. Terry.

A case of varicose ulcer, by Dr. W. W. French, of Balston.

The officers elected for the ensuing year are: President, Dr. C. M. Mosher; vice-president, Dr. C. J. Farley; secretary and treasurer, Dr. H. L. Waldo.

A resolution was adopted providing for holding meetings of the society on the first Wednesday in May, at Troy; on the first Wednesday in August at Saratoga; and on the first Wednesday in October, at Albany, the time and place to be changed, if necessary, by the secretary.

TRANSLATIONS, GLEANINGS, ETC.

FALLACIES IN REGARD TO VENTILATION.—Dr. Dryer, in the *Am. Hom.*, enumerates four popular fallacies in regard to ventilation: 1. That it needs no special attention. 2. That the poison of respired air is *carbonic acid* (it is the lack of oxygen). 3. That the most impure air accumulates near the floor of the room. 4. That the outlet for impure air is best placed at the top of the room, and the inlet for pure air at the bottom.

THE TEETH OF THE FUTURE.—In an able address recently delivered, Mr. Spence Bate, F.R.S., has drawn attention to some remarkable features which it may be interesting and instructive to take into account. In the teeth of the Eskimo, the red Indians, and the natives of Ashantee, as well as in those found in the ancient barrows of England, the so-called interglobular spaces, seen so frequently in sections of modern teeth, appear not to exist; nor, indeed, are they to be detected in the dentine of the best developed structures of the modern European. Not only is the dentine getting deteriorated, but the enamel would seem to be likewise undergoing a modification, becoming too opaque. In addition to the histological changes, the external form and character of the teeth are sustaining an alteration. This seems to be in relation to an important feature in the history of their evolution. The tendency for the cranium to develop at the expense of the face and jaws is seen to occur as we ascend the scale of the vertebrate animals. Owing to this atrophy of the jaws, the proper space for the full play and development of the normal teeth would seem not to be available. At birth the bones are not sufficiently grown to receive the teeth in their normal arch; and, as, in the human mouth, the premaxillary bones are firmly united a short time after birth, it follows that the posterior part of the jaw is the only place where growth can occur. Any delay in the development and consolidation of the symphysis must have an effect of contracting the space required for the teeth at this site. In the course of vertebrate evolution there is a marked tendency for the teeth to disappear. The lower vertebrates have four molars on each side in each jaw, the higher have three, whilst in man the number is reduced to two.—*Lancet*.

A NEW METHOD FOR THE DETECTION OF SUGAR IN THE URINE.—The following method for the detection of sugar in the urine, by means of test-papers, has been devised by Dr. Oliver: The test papers are charged with the carmine of indigo and carbonate of soda. When one is dropped into an ordinary test tube, with sufficient water to cover it, and heat applied, a transparent blue solution results. If with the paper one drop of diabetic urine has been added, shortly after the first simmer a beautiful series of color changes appears; first violet, then purple, then red, and then straw-color, while, on the other hand, one drop of non-diabetic urine induces no alteration of color. The colors return in the inverse order on shaking the tube, which allows the air to mingle with the fluid. Reheating restores the colors. If now a mercuric chloride is dropped in, a blackish-green precipitate is obtained. No such precipitate occurs when non-saccharine urine is under examination. Dr. Oliver claims that Moore's, Trommer's and Boetger's tests are all inferior in delicacy.—*Brit. Med. Journal*.

TO RESTORE COLOR.—When color on a fabric has been accidentally or otherwise destroyed by acid, ammonia is applied to neutralize the same, after which an application of chloroform will, in almost all cases, restore the original color. The application of ammonia is common, but that of chloroform is but little known.—*Scientific American*.

PROPER METHOD OF TREPHINING.—In trephining for depressed fractures of the skull always select the *smallest* trephine, since the only object of its use is to make such an opening as will permit the introduction of an elevator. If you desire to elevate and remove comminuted pieces, apply the crown of the trephine upon the uninjured bone adjoining and overlapping the least depressed portion of the depressed fragments. It is much easier to remove the fragments when the opening is thus made, than when the trephine is applied at the side of the most depressed portion of the fracture.—*Polyclinic*.

AN ERYTHEMATOUS ERUPTION FROM CHLORATE OF POTASSIUM.—Stelwagen records the case of a patient suffering from mucous patches of secondary syphilis for whom tablets of chlorate of potassium of five grains each were prescribed. Four days later a fiery erythematous and papular eruption made its appearance over the back and neck. There were no subjective symptoms. The possibility of mercury having produced this eruption was carefully excluded. The eruption disappeared two days after discontinuing the drug, but reappeared on three other occasions, when the chlorate of potassium was administered for experimental purposes.—*Med. Record*.

SOLID ALCOHOL.—A French chemist, by liquefying ethylene and then causing it to boil, produced a temperature of -157° Fahr. By holding liquid ethylene in a vacuum, another experimenter succeeded in producing the rather cool temperature of -212° Fahr. In this latter temperature alcohol and sulphuret of carbon were congealed and oxygen and nitrogen reduced to liquids. Solid alcohol becomes whitish, liquid oxygen transparent, colorless, and ozone deep blue.—*Scientific American*.

THE DENVER HOSPITAL.—It will be remembered that last year the homœopathist in charge of this institution was superseded by an allopath, although his results compared remarkably favorable with those of his predecessors. We are now informed that by a vote of four to one of the county commissioners it has been decided to return to the medical management of the new school. The present director is, therefore, a homœopathist, although his bid exceeded one of the old school candidates by \$200 and another by \$900.

PASTEUR'S "VACCINATIONS" A FAILURE.—The *Medical Times and Gazette*, May 12, 1883, in discussing the experiments of Koch and Pasteur, states that the latter has utterly failed, on the scanty basis of his partial successes in the case of two diseases—fowl cholera and splenic fever—to establish any law of immunity; still less has he made any progress toward realizing his dream of extending its application to the prevention of every infectious disease to which man or beast is heir. His operations are more akin to small-pox inoculation than to vaccination.

DIABETES IN PREGNANCY.—As has been shown by Sinety, sugar may appear in the urine when milk is suppressed. Dr. Matthews Duncan (*Med. Times and Gazette*) has recently called attention to the fact that sugar may be present in the urine of pregnancy, and also that true diabetes may occur which comes on only during pregnancy and ceases on delivery, or may come on after parturition. Four women out of fifteen, making twenty-two cases of diabetes in pregnancy, died. Nine out of nineteen diabetic pregnancies had unsuccessful issue.—*Am. Med. Weekly*.

ANTISEPTIC GAUZE.—Dr. Rapprecht, chief surgeon of the Diakonissen Austalt of Dresden, states that antiseptic gauze, containing six per cent. of carbolic acid, may, when employed in large dressings, produce death by absorption through the skin, while three per cent. gauze for adults and one per cent. for children, though amply strong to insure an aseptic condition of wounds, is practically harmless. Lister's, Arnold's and Kahnmann's gauze each contain about six per cent. of carbolic acid.

TO REMOVE WATER FROM ALCOHOL.—If gelatine be suspended in ordinary alcohol it will absorb the water; but as it is insoluble in alcohol that substance will remain behind, and thus nearly absolute alcohol may be obtained without distillation.

THE value of properly made post-mortem examinations is not as yet fully appreciated, even by physicians, as a rule. Rarely outside of a regular post-mortem room of a hospital is a properly made post-mortem to be seen. There is rarely a term of our criminal courts in which one too many undoubted criminals are not set free, owing to the bungling manner in which the post-mortem of some individual, supposed to have been murdered, has been made. And the evils do not end with the lack of condemnation of the guilty. Not seldom are the innocent exposed to jeopardy of life and to disgrace of character from the same cause. Of course, science and justice are in this manner simply outraged. But there are another set of problems which can only be solved by a large number of exact post-mortem examinations. Thus, by them, Prof. Beneke has reached the following conclusions, which have been published in a recent circular of the War Department: 1. Before puberty the aorta is smaller than the pulmonary artery; after this period the relation begins to be reversed, and in advanced life the aorta is always the largest. 2. The aorta and pulmonary are absolutely smaller in the female than in the male, but relatively to the length of the body there is scarcely any difference between the circumference of the arteries of the two sexes, while the heart in females is absolutely, as well as relatively, smaller than in males. 3. In adult males the volume of the lungs is greater than that of the liver; in adult females the reverse seems to be true. 4. In men the volume of the two kidneys is nearly equal to that of the heart; in children it is greater. 5. Children have relatively larger intestinal canals than adults. 6. Sudden increase in the size of the heart occurs at the age of puberty. 7. The iliac arteries diminish in size during the first three months of life. 8. The cancerous diathesis is in the majority of cases associated with a large and powerful heart and capacious arteries, but a relatively small pulmonary artery, small lungs, well developed bones and muscles, and tolerably abundant adipose tissue. 9. Pulmonary tuberculosis is often associated with a very small heart. 10. In constitutional rachitis the heart is generally large and well developed; the arteries are also large.—*Detroit Lancet*.

PRECAUTIONS AGAINST INFECTION.—Dr. Charles Green makes the following suggestions in the *Lancet* on the personal precautions that may be adopted by medical men whilst attending cases of infectious diseases:

1. Always have the window opened before entering the patient's room or ward.
2. Never stand between the patient and the fire, but always between him and the open window.
3. If possible, change your coat before entering the room.
4. Do not go in for unnecessary consultation or other physical examination.
5. Stay as short a time as possible in the room.
6. Never, while in the room, swallow any saliva.
7. After leaving the sick-room, wash the hands with water containing an antiseptic.
8. Rinse out the mouth with diluted Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth and nostrils.
9. Expectorate and blow the nose immediately on leaving the sick-room.
10. Keep up the general health by good food, exercise and temperance.
11. The most important of all is, to filter all the air you breathe in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. I have worn this not only in the fever

hospital wards, but in many of the typhus dens in this borough. It is to this method that I attribute the fact that although I have attended between 200 and 300 cases of typhus during the last twelve months, and seen many more, I have hitherto escaped infection myself. The only objection (which is not of much importance in a hospital) is the unsightly appearance one has with the inhaler *in situ*. This objection is, however, a very slight one when weighed against the greatly increased safety one not only feels, but I believe actually possesses.

MEDICAL EDUCATION.—The world moves. We have seen the cause of proper medical education gain enormous headway during the last few years, but we had no idea that the millennium was approaching so rapidly as it seems to be from a recent editorial in the *New York Medical Record*, where it was affirmed that there can be but little doubt that the legislature of the State of New York will before long give serious consideration to the matter of creating a State Examining Board as a sole licensing body. We agree with the *Record* that the success of any law will depend upon its details. The chief difficulties to be met with are, with regard to the appointment of examiners, and the relations of the homeopathic practitioners. The appointments must be kept out of politics. This can readily be achieved by giving the appointing power to the State Medical Society. Whether we like it or not, it is sure that if success is to be achieved the existence of homeopathy must be recognized in the formation of the Board. Possibly two examining Boards, one appointed by the Homeopathic State Association and one by the State Medical Society, might be allowed; possibly the subject of therapeutics might be dropped out entirely; possibly it would be best to have a board homogenous and uniform in all respects, save only in regard to therapeutics, which subject should be represented by two or three individuals.

The time will come when the earnest discussion of these details will be a pressing duty; but at present all that we can do in this State is to hurry along the tide of public opinion, which is now drifting toward the measures that have been adopted in all civilized portions of the world save the United States.—*Phila. Med. Times*.

PRACTICAL MALTHUSIANISM.—The *Australasian Medical Gazette* gives an account of a custom which prevails among certain tribes of the natives of Australia. It is said that the tribal laws as to the occupation of hunting grounds necessitate restriction of the growth of population, and families are limited by the custom to two children. After the second child has been born, an operation is performed in some tribes on the male parent, through which a permanent opening is established in the inferior wall of the urethra just anterior to the scrotum, and through which the semen escapes without finding its way into the vagina.

In other tribes all the males except a select few are treated as above. These few are kept apart for procreating purposes, and the women are taken to them when their impregnation is desired. They are said to be a lot of very "saucy fellows."

It is an interesting speculation as to how this custom originated. Probably at some remote time a child was born with hypospadias, and some acute observer in the tribe noting his inability to procreate, conceived the idea of producing artificial hypospadias to the same end.

IS IT A FACT?—The *Medical Advance* says that Dr. R. Ludlam, of Chicago, stated recently as a clinical fact that he had never seen a patient who had leucorrhœa during pregnancy troubled with morning sickness.

OBSTETRIC PRACTICE AMONG THE CHINESE.—These people make much use of paper in the confinement room. As a protective to the bed it answers very nicely and afterward as napkins for the flow. Their method has seemed to me so admirable that I have borrowed it, or more truly modified it, from them. Now I instruct my patients to place with their other preparations for the labor a dozen newspapers. When the bed is made I have the nurse place the usual rubber cloth—in lieu of which papers may be used—next the mattress, covering it preferably with two thicknesses of an old blanket. Over this the under sheet is smoothly spread, and tucked in at head, foot and sides. Then I prepare the pad of newspapers, some of full size, others doubled once, and lay them where the patient's hips and back will come, covering them with a single piece of an old sheet, each corner of which is pinned with a safety-pin. It is my rule whenever possible to place the lid of the chamber so that it will catch the water when the membranes rupture or are ruptured. In this way I find that I am able to protect the bed and save washing.

The Chinese use thin paper as a protective in menstruation. Owing to its softness it is also used inside the baby's diaper. Their mode of tying the umbilical cord is to wind it round and round many times two inches from the body with coarse thread, and then cut it and wrap it in cotton wool. According to their custom the child is bathed only two or three times in the first month. I have watched this mode and feel sure we make a great mistake in allowing this daily ablution of the new-born child. Every second day is quite sufficient to have the child undressed, and especially so till after the cord falls.—CHARLOTTE B. BROWN, M.D., in *Pac. Med. & Surg. Jour.*, July, 1883.

IS VACCINATION AS IMPORTANT A PREVENTIVE OF SMALL-POX AS IT IS COMMONLY BELIEVED TO BE?—From a well considered article on this subject in the *Toronto Sanitary Journal*, by the editor, Edward Playter, M.D., we extract the following summary of conclusions:

That while it appears evident that vaccination affords a certain amount of protection against small-pox, the evidence which has been advanced in support of its protective value, on careful examination, does not prove that the practice is nearly so great a preventive of the disease as many have been led to believe, and therefore that it has been too much relied upon to the disregard and neglect of other more rational preventive measures, such as isolation, disinfection and quarantine, which experience has proved are alone adequate for the prompt and complete suppression and stamping out of outbreaks of small-pox; that the practice of vaccination is certainly not free from danger, and that it therefore becomes a question for serious consideration whether we shall or shall not continue to introduce into the human body, from man or beast, the poison of a contagious disease, however generally mild in character, with the view that it may prevent a possible attack of a possibly more serious disease; and this when we are, as now, enabled from our knowledge of contagious diseases, to practically carry out other more certain, prompt and efficient, as well as more rational and more truly scientific preventive measures.

TO STOP HICCOUGH.—Dr. W. E. Shaw, of Cincinnati, writes:

Place the tips of the fingers of both hands in position of complete supination against the abdominal muscles, at the lower and outer junction of the epigastric with the hypochondriac region. With the fingertips in this position, firm and very gradual pressure is to be made backward and upward against the diaphragm. This pressure should be continued for some little time after the diaphragm has ceased its spasmodic contractions, when the fingers should be very gradually withdrawn.

MEAT.—The value of meat as a food is due in a degree to its heat-producing properties, though in this respect it is surpassed by fatty and amyloid substances. It is as a tissue-building material and as an excitant of assimilative changes in the tissues, both in regard to itself and to non-nitrogenous foods, that it is most useful. It is stimulant as well as nutritive, and it therefore holds a deservedly high place in the daily dietary. Experiment has shown that three-fourths of a pound of lean meat fairly represents the quantity per diem which, taken with other less nitrogenous matter, suffices to maintain a person of average size and weight in a normal state of health. Some there are who largely exceed this standard, eating freely of meat at every meal, and living all the time quiet, sedentary lives. Such carnivorous feeders sooner or later pay a penalty by suffering attacks of gout or other disorders of indulgence. But it is equally important to note that many others, especially women, healthy in all points but for their innutrition, are apt to err as far on the other side. Thus one meets with people who consume about one pound of butcher's meat in a week, or not even that. Different causes are at work to produce this kind of underfeeding, all of which are more or less removable, unless indeed where absolute poverty forms the impediment. No effort should be spared to remove them.

The advantages derived from a diet containing a fair amount of solid animal food could not be obtained from purely vegetable or milk regimen without either unnecessarily burdening the digestive system with much surplus material, or on the other hand requiring such revolutionary changes as to quantity and quality of food and times of eating as would altogether prevent its general adoption, even were that advisable, into household management. In our opinion, such changes are not advisable, as being inadequate to secure their purpose.—*Lancet*.

TORSION OF ARTERIES.—At Guy's Hospital, the London correspondent of the *Boston Medical and Surgical Journal* says, all the surgeons use torsion to the exclusion of ligature, except in very small vessels, wherein it is difficult to isolate the vessel from muscular fibres. They give a very large statistical showing in its favor. He has seen every kind of amputation there, except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but seizing the cut end of the vessel with strong forceps, twist it until it is felt to give way—that is, the two inner coats break. He has often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said: "Doctor, theoretically the twisted end ought to slough off, but practically it never does. We have to talk to our students about secondary hemorrhage, but we do not show it to them." Mr. Lucas told him that for a long time they have ceased to dread or look for secondary hemorrhage.

NITROUS OXIDE AS AN ANÆSTHETIC IN LABOR.—Dr. Tittel gives a report (*Wiener Med. Blätter*) of over fifty trials which he has made of the inhalation of nitrous oxide gas in parturition. He employed it chiefly in primiparae with very severe pains, and found a diminution of the suffering in every case. He found it acted better when given in the first stage, as its effects lasted into the second, and quiet inhalation was more difficult when it was attempted to be given in the second stage. The pulse was generally retarded, and the foetal pulsations, on the contrary, generally accelerated. The pains were in many cases increased in strength and frequency, and Dr. Tittel found this action of the gas very serviceable in multiparae with few and weak pains. Vomiting was arrested in four cases by the inhalation of the gas, and the only results which were observed were two cases of convulsions, one hysterical and the other true epileptic.

DILATATION OF THE COLON.—In conclusion on some forms of dilatation of the colon, especially in reference to the diagnosis of the affection, a paper published in the *Medical Press* says:

1. That dilatation of the colon, whether caused by impacted feces or otherwise, is of frequent occurrence.
2. That this state is always accompanied by impaired health, and may give rise to symptoms referred to the head, chest, abdomen.
3. That it is a state which may be readily overlooked, as some of the cases detailed this evening clearly prove.
4. That, nevertheless, the diagnosis can be made during life.
5. That the diagnosis turns on the presence of chronic tympanites, usually slight in character, together with fecal discharges, which never are normal, and are one or more in the twenty-four hours.
6. That diarrhoea, acute or chronic, or dysentery, are common attendants on dilated colon.
7. That this state of the colon is frequently attended by ulceration on the mucous surface, which has led in many instances to perforation of the bowel and death.
8. That the prognosis should ever be most guarded.
9. That treatment may afford marked relief, and so prolong life, but that a complete cure can scarcely be expected.

HYPERIDROSIS.—For this annoying condition, Dr. Alderson, in the *Lancet*, July 28, 1883, directs as follows:

The patient should soak his hands night and morning in warm water, in which should be dissolved about two drachms or half an ounce of the *chloride of ammonium*, and about twice as much *carbonate of soda crystals*, enough water being used to well cover the hands. I generally prescribe for my patients sufficient for six applications; and as skins vary in tenderness, tell them to use as much as will temporarily to a slight extent cause the wrinkling known as *cutis anserina*, a condition looking like the hands of a washerwoman. Afterward, the hands are to be rubbed with the following embrocation: *tincture of iodine* one drachm, compound *camphor liniment* and *glycerine*, of each a drachm and a half, and compound *liniment of belladonna* one ounce. The embrocation is to be applied twice a day. A cure quickly follows. This treatment is equally appropriate for excessive sweating and bad odor of the feet.

THE FÆCES OF STARCH-FED CHILDREN.—Dr. Randolph has made a number of examinations of the stools of starch-fed infants, and comes to the following conclusions:

1. That many infants under three months can digest starchy foods.
2. That the individual variations in this regard are so numerous that no broad and general statement can be made as to the period at which infants begin to digest starches.
3. That the physician can be absolutely certain that a farinaceous ingredient in the diet of a young infant is beneficial only by an examination of the dejecta under such diet.—*Med. News*.

AN EXPENSIVE DRUG.—The most expensive drug in the market at present is *ergotin*, the German preparation of which costs 200 marks (ten pounds sterling, one seventh the cost at which it was first put on the market) a gramme (15 grains), while a milligramme (1-70 grain) of the French preparation in solution costs 1-½ mark (one shilling and sixpence). A millionaire by investing his entire fortune in this commodity might become the owner of about fifty-three pounds of it, which at first thought seems a rather small return for the outlay. But a little of it goes a great way, and no drug ought to be considered extravagant of which a cent's worth will kill a cat instantaneously.

NITROUS OXIDE AND CHLOROFORM AS AN ANÆSTHETIC.—If *laughing gas* has the advantage of producing anæsthesia rapidly, it has the great drawback, when its use is prolonged, of producing asphyxia. By mixing eighty-five parts of *nitrous oxide* with fifteen parts of *oxygen* a perfectly safe mixture is obtained, but producing anæsthesia only in proportion as the gas inhaled is under a pressure greater than that of the atmosphere, as has been demonstrated by Prof. Paul Bert. Dr. De Saint Martin has succeeded in rendering this mixture effective at the ordinary pressure by adding six to seven grams of *chloroform* to each hectoliter. The anæsthesia thus produced is very rapid, free from the power of exciting, and is unaccompanied by the irritating action which pure *chloroform* produces on the respiratory organs.

BAD EFFECTS FROM VASELINE.—At a recent meeting of the Cincinnati Academy of Medicine, it was stated that the *vaseline* used at present is not the same preparation that was formerly employed. In several instances it has caused eczema in sensitive skins. A German pharmacist examined six different specimens recently and found that nearly all of them were acid: besides the free acids they contain some sulphuric and sulphurous acids.

EFFECT OF LIME JUICE ON THE MENSES.—A contributor to the *Lancet* states it as a fact that the sucking of the juice of one or two lemons by women suffering from an inordinate flow of the menses has the effect of checking the same. This statement, in connection with the reports of the effect of lime juice upon the amative instincts of the male, would seem to tend to establish a belief in its anaphrodisiac properties.

NOVEL LARYNGOSCOPE.—Dr. Thomas Dimock, in the *Therapeutic Gazette*, details a new method of examining the throat.

Place the patient before a good light, depress the tongue and request him to yawn. The larynx immediately rises up, the velum palati is lifted and the anterior and posterior pillars widened, exposing the back of the tonsils and the pharynx. The nose should be held to compel breathing through the mouth.

AMBROSIA ARTEMISIFOLIA (RAGWEED).—*Ragweed*, as a potent factor, or exciting cause in the annual blossoming of hay fever, hay asthma, or ragweed fever as it is sometimes called, has no equal.

Proving point to its use in pertussis, especially when there is nosebleed; and I have prescribed it in three cases of this kind, with very flattering results.—Dr. E. E. HOLMAN, *Med. Advance*, September, 1883.

A NEW ANÆSTHETIC MIXTURE.—Dr. William A. Byrd writes to the *Chicago Med. Journ. and Examiner* concerning an anæsthetic mixture which he thinks unites the good qualities of *chloroform* with the safety of *ether*, and which he has given or had given fifty-seven times, with untoward results in but two cases—and in these everything came out all right in the end.

The mixture consists of: *bromide ethyl* one part; *chloroform* three parts; *alcohol* four parts. When this is administered the face retains its natural hue, the respirations and pulse are but slightly accelerated. There was but two of the fifty-seven patients who vomited; one of them, a very hysterical woman, very subject to vomiting, and the other had just eaten a hearty meal. The patients are readily brought under the influence of the mixture, and are as readily and pleasantly freed from it. The operations have been for amputations, tracheotomy, abdominal section, crushing a stone in the bladder, enucleation of the eye, castration and minor operations.

THE EARLY SYMPTOMS OF GENERAL PARALYSIS OF THE INSANE.—The failure to appreciate correctly the import of early symptoms of general paralysis, is sometimes attended with serious injury to the patient or others. This failure of appreciation of the early symptoms is partly due to the fact that this disease does not usually select its victims from those who have inherited weak and unstable nervous organizations, but from the capable and vigorous. Goldsmith has made an analysis of the histories of one hundred cases of general paralysis, and on this bases the following remarks: The disease always presents both motor and mental symptoms. The motor symptoms usually appear first in those groups whose functions demand the greatest harmony and nicest adjustment in action; hence the early appearance of defective articulation and irregular chirography. The sensory symptoms may be dysaesthesia, hyperaesthesia, or aesthesia, and occasionally neuralgia. The pupillary symptoms consist in an inequality of the pupils, reacting sluggishly to light and during accommodation, and marked myosis. In some cases, epileptiform or apoplectic seizures were the first symptoms to appear. Other symptoms that may be noticed early in the progress of the case are inco-ordination of gait, diminished sexual power, ptosis and diplopia. As regards the patellar reflex, Goldsmith considers that well-marked exaggeration in both legs is strong corroborative evidence of general paralysis. Diminution or absence of it is decidedly less so, but still has some value. Disordered gait is apt to be present where the tendon reflex is absent. The mental changes appearing first, are failure of memory for recent events, poor judgment in business without manifest change in habits or activity of life, mental sluggishness, marked exhilaration and self-satisfaction, erotism, and insane delusions of wealth and greatness.

In the summary at the close of his paper the doctor says that physical and mental symptoms usually appear nearly synchronously, so that the physician has the presence or absence history of both to aid him when called upon for a diagnosis, and that changes in the pupils and disorders of gait are less frequent, and have less mental value in diagnosis than is usually ascribed to them. Among the mental symptoms, the marked exhilaration, with delusions of wealth or greatness, which is usually considered the characteristic mental symptom, is present early in less than one-fourth of the cases, and the simple failure of mental capacity and activity and mental depression are the more frequent first mental changes.—*Arch. of Med.*, Aug., 1883.

POSITION AS AN AID TO THE REDUCTION OF HERNIA.—Buxton Shillitoe, F. R. C. S., writes to the *Lancet*, that having a case of hernia in a middle-aged female which, after repeated applications of the taxis, appeared to be absolutely irreducible, he finally got her to remain head downward some few minutes two or three times a day. On the third day he saw her, and finding no change, recommended that she should support herself sideways on her right shoulder and arm, one attendant supporting her round the waist, another taking the legs, and a third keeping the left side higher than the right, at the same time that with one hand she gently pushed the tumor in an upward direction toward the feet. For the next two days this was tried three times for five minutes at a time. On the third day, on the third trial (which was continued for seven or eight minutes), it yielded, being, as she described it, slowly dragged into its place. A truss was then fitted and in a few days she was moving about as usual.

INODOROUS IODOFORM.—The peculiar odor of iodoform is found to be well masked by the addition of attar of rose, one minim to the drachm, or of essence of rose geranium, three to four minims to the drachm. The clinic gets to smell like a florist's shop.—*Polyclinic*.

THE EARLY DIAGNOSIS OF TUBERCULOSIS.—In the *Deutsche Med. Woch.* for May 23 and 30, and June 6, Dr. Max Schäffer, of Bremen, gives a method of diagnosing tuberculosis of the lung at a stage when no symptoms on the part of the lung can be detected. He has found in many cases that the first indication has been a slight paralysis of the vocal cords on the same side of the body as that on which the pulmonary symptoms subsequently develop. He thinks this early symptom is due to pressure on the recurrent laryngeal nerve by an amount of swelling or oedema of the lung-tissue too small to give rise to any other symptoms. He considers that if this early symptom were always looked for, and its occurrence followed by proper treatment, many cases of phthisis might be checked before developing further.

He has found very great benefit to result from causing patients to draw deep breaths, from ten to sixty at a time, three times a day; the respiratory co-efficient has increased almost to normal by this means.

The sputa should always be expectorated, never swallowed, and it is convenient to receive them in a vessel containing earth, which may be burned.

HOW TO HOLD THE LARYNGOSCOPIC MIRROR.—Don't hold your mirror as you would a cart whip; hold it as you would a pen, and pass it over the extended tongue without hitting that sensitive organ. If you scrape the tongue with the mirror, ten to one your patient will gag. When you get it beyond the tongue, lift the uvula gently on the back of the mirror, and you will be almost sure to see the reflection of the epiglottis and more or less of the larynx.—*Polyclinic*.

MASTURBATION AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF GYNIC DISEASES.—Dr. Chapman (*Amer. Journ. of Obstetrics*) closes a thorough and valuable paper on the above subject with the following conclusions:

1. That masturbation exists to a considerable extent in women.
2. That it is accomplished, as a rule, by manipulation of the external parts.
3. That its accomplishment by the introduction of foreign bodies into the vagina is in this country (Scotland) rare.
4. That decided and constant changes of the external organs of generation result from its long-continued practice.
5. That the presence of such changes (which are fully described in the paper) is sufficient to warrant the assumption of the existence of the habit.
6. That by judicious questioning and the avoidance of making accusations of moral obliquity to such patients, this assumption may be strengthened and in many cases confirmed.
7. That apart from the use of any mechanical dilating means, masturbation is capable of producing very marked relaxation of the vagina.
8. That retroversion of the uterus is of such common occurrence among masturbators that its existence in an unmarried nullipara should always be regarded with extreme suspicion.
9. That the same suspicion should be shown on the occurrence of leucorrhœa and menorrhagia together in similar patients.
10. That ovarian pain and even chronic ovaritis may be set up by the habit.
11. That many other affections of the female generative organs may also be thus occasioned.
12. That masturbation has so frequently a distinct etiological connection with disease of the pelvic organs, that its recognition will often prove a valuable aid toward forming a prognosis in, and directing a line of treatment for, many uterine complaints in the unmarried.

TREPHINING FOR HEMIPLEGIA AND EPILEPSY.—Dr. Demons (*France Médicale*) read before the Société de Chirurgie a report of this unusual procedure. The symptoms had resulted from a scalp-wound on the right side of the head, caused by a fall.

In the absence of any local indication of depressed fracture, the site of the operation of trephining was selected opposite the middle of the fissure of Rolando. The periosteum being lifted up, a fracture was detected about an inch long; upon this the crown of the trephine was placed. The dura mater was slightly thickened; in the arachnoid he found and removed a small tumor formed by a hard substance; the subjacent cerebral surface was a little roughened. Following the operation the hemiplegia and convulsions disappeared; there remained only some loss of tactile sense in the left hand, which had persisted since the accident. Success was attributed to antiseptic measures and closure of the wound.

BENZINE AS A MOTH-DESTROYER.—The best way to protect woollens and furs from moths is to place the goods in moderately tight boxes, together with a loosely-corked bottle containing benzine. The vapor of benzine soon penetrates every part of the box, and soon destroys all moths, as well as their destructive offspring. When such boxes are opened by artificial light, the light should be at a little distance, and above the box. As the vapor of benzine is heavier than air, it flows downward, on escaping from the box, almost like a liquid.—*New Remedies*.

SPINAL TRAUMATISM.—Dr. J. G. Gilchrist, in the *Medical Counselor*, Sept. 1, 1883, calls attention to some facts in spinal pathology that present points of very considerable interest to the therapist, and concludes with the following summary:

Concussion, while without primary organic lesion, is frequently the initial stage of the most grave and intractable of the neuroses.

Other accidents to the cord, while producing immediate symptoms, admit of more certain prognosis, as improvement indicates normal repair, and progressive development will usually point to recognizable morbid action that can be foreseen to its termination.

HYDROPHOBIA.—For some time M. Pasteur, the French investigator, has been experimenting with a view of discovering whether the fatal infection of rabies can be disarmed of its power by inoculation. It is said that he now possesses four dogs which are proof against the infection, whatever may be the method of inoculation used or the virulence of the matter, while other dogs inoculated with the same virus invariably perish. The experimenter raises the question whether these four animals owe their immunity to spontaneous recovery from a mild attack which may have escaped observation, or whether they are naturally refractory to the disease. One of the dogs which he inoculated in 1881 survived, and though twice inoculated in 1882, he did not become rabid. The importance for finding a remedy for all forms of hydrophobia is magnified by two facts brought to light by M. Bert. One of these is that even if the saliva of a mad dog does not communicate rabies it may prove fatal by producing serious local injuries—in other words, the secretions of rabid animals have poisonous properties over and above the special rabic virus. The second fact is that it does not follow because a dog which has bitten any person does not die that the animal is free from rabies. These conclusions will add to the terror of the disease. But there is some consolation in learning from M. Bert that the mere salivas of rabid dogs do not always communicate the deadly virus, and apparently never communicate it unless they contain the mucus from the respiratory organs, which seems to be the fatal portion of the saliva.

THE LILY OF THE VALLEY IN HOMOEOPATHY.—“Some Western homoeopaths,” says the *Medical Record*, “have got hold of *convallaria*, and having read all that scientific medicine has to say about it are quietly appropriating the drug themselves.” The first knowledge we obtained of this drug was from Dr. John F. Gray, who used it for many years in heart troubles, and we believe was the first to introduce it to the profession. The new school has a habit of reading all that scientific medicine has to say of a drug and quietly appropriating the facts. We are glad that some of the old school are following their example.

A FULLY DEVELOPED FETUS WITHOUT A PLACENTA.—Dr. Burn, of Yonkers, gives in the *Medical Record* a case where he removed from the womb after the death of the mother, a well developed male child weighing twelve pounds. The fetus was immersed in inky black amniotic fluid measuring over three pints. A careful search showed an entire absence of a placenta. The cord was about four inches long and attached to the fundus of the uterus.

DYSMENORRHOEA.—The *Lancet* of September 15, 1883, directs attention to a valuable paper on the Natural History of Dysmenorrhœa, read before the Obstetrical Society of London, by Dr. John Williams. His principal conclusions, from a large and painstaking observation of several hundred cases, are formulated as follows:

Dysmenorrhœa should be studied first under the least complex conditions—in single women.

2. Dysmenorrhœa in single women is rarely acquired; it is almost invariably primary, viz., it appears with the menstrual function. 3. Dysmenorrhœa in a few, but rare, cases ceases spontaneously a few years after puberty. 4. Marriage, if sterile, aggravates the disorder in many cases; it is only very seldom that it relieves the pain. 5. Childbearing cures a large number of cases, and it is not impossible that were all puerperal complications excluded it would cure every case. 6. The proportion of sterile to fertile women subjects of primary dysmenorrhœa is one to twelve. 7. Menstruation begins in women who become sufferers from primary dysmenorrhœa at about the estimated average age for the appearance of the function in London. 8. Menstruation is regular in about two-thirds of the cases, and irregular in about one-third. 9. The menstrual fluid is profuse in about two-fifths of the cases, scanty in about one-half. It contains clots or shreds in about three-fourths. 10. The changes which take place in the fluid in the course of dysmenorrhœa are various and cannot at present be classified. 11. The uterus is imperfectly developed. It may be too short or too small in volume, or it may be defective in both respects. The cervix may be conical, and the os small and round, but stricture of the canal in any part of its course is infinitely rare. 12. The changes in the uterus due to dysmenorrhœa are slight hypertrophy, erosion and eversion of the mucous membrane of the cervix, and catarrh. The cavity increases but little in length, for after years of suffering it measures rarely more than two and a half inches in length. In the early stages the tissues of the uterus are in some cases soft; in the more advanced hard. 13. The hypertrophy of the uterus is probably the result of periodically increased muscular action. 14. Ovaritis and perimetritis are possible consequences of dysmenorrhœa. 15. The menstrual pain is the result of spasm of the uterus, excited by the separation and expulsion of shreds of decidua and clots, in an organ whose sensitiveness in the performance of its function is enhanced by inappreciable conditions of tissue dependent on imperfect development, often associated with others, such as amenia.

The whole drift of Dr. Williams' views is to pursue a constitutional and rational treatment in such cases rather than a mechanical one.

EYE LESIONS OF PROGRESSIVE PARESIS.—It is claimed that in the first stage of general paralysis there is always irregularity of the pupils, papillary congestion, retinal, arterial and varicose dilation. In the second stage the lesions are more marked, with the addition of decided papillary oedema. The disk is often obscured or masked by oedema proportionate in extent to the duration of the disease. In the last stage, the papilla is small, flat and gray in color; the vessels which normally give it a pink tint having disappeared from the optic atrophy. Atrophy of the choroid, retinal hemorrhages and granulations, and choroid also occur.

DEEP BREATHING.—Careful observation of 100 moderately healthy children between seven and fourteen years will afford proof of the statement, that not more than ten per cent., if as many, use their lungs to their full capacity; few have perfectly erect carriage, many have varied degrees of round shoulders, while not a few carry the head in advance of the body.

My own experience of the value of deep breathing, with appropriate muscular exercises while the lungs are full of air, in remedying the acquired deformities of childhood and enlarging the dimensions of the chest, has been very satisfactory.

By instruction in the few rules here suggested, the little one may be taught to get the very most out of the air with which she is surrounded.

TO PRACTICE DEEP BREATHING.

1. Stand erect, the feet separated, the right slightly in advance.
2. Shoulders and head in natural position.
3. Hands lying lightly on the abdomen, the fingers pointing to the umbilicus. (Compliance with this rule enables the child to be sure she is using the abdominal as well as the pectoral muscles in respiration.)
4. Empty the lungs of air, then close the mouth.
5. Inhale slowly through the nostrils, using abdominal as well as chest muscles. The lungs thus receive the utmost possible amount of pure oxygen and the muscles have exercise.
6. Hold the breath as long as possible, and in the meantime use the ordinary calisthenic exercises.
7. Never exercise except with the chest well expanded with air.
8. Exhale slowly, enunciating the vowel sounds as the air passes the lips.

It is well to call attention to the fact that when the child begins these lessons she makes many mistakes. The lungs are not half filled. The exercises are nervously executed, and of course are imperfect, and she catches her breath between the vowel sounds. Sometimes she inhales with undue force, holds the breath until the face is flushed, and dizziness is complained of; but do not let her be discouraged. *Vires acquirit eundo*. In a fortnight the rules are mastered and practice produces the desired effect.

The habit of deep breathing once fixed, the proper development of the voice will come in its order, and besides being conducive to health, the wise use of the respiratory organs will be an aid in acquiring that most delightful accomplishment for our daughters, reading and speaking well.—JULIA HOLMES SMITH, M.D., in *Medical Era*, Aug., 1883.

RESTORATION OF THE PERINEUM BY A NEW METHOD.—Dr. Henry O. Marcy, of Boston, read a paper on this subject. He said the perineal body is now recognized as of anatomical utility, and is the keystone on the arch of perineal support. His method of repairing the ruptured perineum is by means of lateral support. He uses German silver wire, which possesses sufficient elasticity to make lateral tension. The wire ends are so bent to each other as to form a support. Thus a kind of safety-pin holds the refreshed parts together.

TYPHOID FEVER IN YOUNG CHILDREN.—Typhoid fever may occur in young children, and in them runs a comparatively mild course, different from that observed when the same disease occurs in adults. The older the child the more nearly does the fever approach the classic type. That this mild fever is typhoid is proven by the fact that in those cases which have died, and autopsies have been made, the lesions of typhoid have been found. The disease is marked by the almost complete absence of abdominal symptoms. The bowels may be natural or constipated. Tympanitis is rare. Roseola is frequently absent. The nervous symptoms are not as prominent as in adults. There is generally a mild bronchial catarrh, which may cause the physician to diagnose the case as one of simple bronchitis. The spleen is often enlarged. The fever may last from one to seven weeks. Janeway has especially called attention to the tendency of typhoid in children to abort. The mortality from the disease is small. To make a diagnosis it is necessary to exclude any local disease with a remittent pyrexia. Young children frequently suffer from obscure local disease without marked objective symptoms. The throat, lungs, and abdominal organs should be carefully examined. Malaria, acute articular rheumatism and tuberculosis may also be confounded with the typhoid fever of children.—DR. HENRY D. CHAPIN, in *Amer. Journ. of Obstetrics*.

INVESTIGATION OF SPIRITISM.—Henry Seybert, of Philadelphia, lately deceased, left among other bequests \$50,000 to the University of Pennsylvania (Literary Department), to found a chair of Moral and Intellectual Philosophy, with the condition that there be made a thorough investigation of the subject of spiritism, he being a believer. In accordance with his design a commission has been appointed for the purpose, at the head of which is Prof. William Pepper, M.D., provost of the university, than whom a more capable man could not have been selected. Arrangements have been made for a complete and impartial investigation of the claims of spiritism and the peculiar phenomena alleged to be associated with it. The movement is not only interesting, but important, and the public has a right to expect some valuable results.

SPONGE GRAFTING.—Dr. W. W. Walker reports, in the *American Observer* for Sept., 1883, that, two years ago, he began to treat Mrs. — for syphilitic bursitis. An ulcer formed beneath each patella, proceeding from a deep syphilide. During eighteen months *mercurius* and *nitric acid* were successively prescribed, with dressings of *calendula*, but the ulcers assumed a serpiginous form, spreading from the knee to the lower third of the tibia, confining themselves to the anterior surface of the leg. As they healed on one side they would spread upon the other, until it seemed impossible to ever heal them. Finally, the doctor tried another course of treatment, which he describes as follows: I cut about one-eighth of an inch thick several pieces of sponge, of fine texture, fitting them accurately into the wounds, dressing with a 10 per cent. solution of *carbolic acid* as a disinfectant, bandaging firmly and evenly from the ankle to the knee. Just over the sponges I laid small pieces of cloth saturated with *vaseline* to prevent adhesion between the sponge and bandages.

I was much pleased in a few days to find the sponges had become adherent, and fine, healthy granulations springing up through the meshes. I still continued the treatment, only using the *carbolic acid* occasionally as a deodorizer, but had her dress the limbs twice a day, wetting the sponges each time with a solution of *hepar sulphuris*, and giving the remedy internally in the second dec. trit. I think I never saw ulcers of any nature heal as speedily as did these, absorbing or throwing off the sponges as fast as the new integument formed. A few days since I had the pleasure of removing the last dressing and discharging the case cured.

RESORCIN IN A CASE OF EPITHELIOMA.—Dr. Manino, in an article on *resorcin*, reports a case of epithelioma that he has treated with it. G. P., aged 64, had always enjoyed good health until about four years ago, when he noticed a small growth on his right cheek, about the size of a split pea, which caused a great deal of pain. Continued scratching caused an abrasion of the skin, and on the slightest irritation it would bleed. Cauterization and excision only caused the growth to enlarge to a size of ten centimetres in diameter. The wound had a dark red fungous appearance, with indurated edges, and gave off a profuse, thin, watery discharge. An ointment of *resorcin* and *vaseline*, 1—3, was applied two times a day for eight days, when a marked change for the better could be seen; a portion of the wound was beginning to heal over. After two weeks the ointment was weakened a little, and the case continued to progress rapidly. In a short time the whole surface was bridged over, and only a red scar remained. The treatment was painless and far more satisfactory than when caustics are used.

INSUFFICIENCY OF FOOD IN CERTAIN CASES.—In the *Med. Press and Circular*, Aug. 8, is an address by Dr. Graily Hewitt, which contains the following passage:

The period of life during which quantitative deficiencies in the dietary are most common is the two or three years immediately following the arrival of puberty. The girl is at school, probably; her appetite is bad, or the food is not palatable, or is deficient in important particulars, or, as I have found in some cases, she eats little in order to keep thin; the strength fails, the appetite diminishes, and a habit of taking little is formed; particularly little animal food is taken. Three or four years of the most critical stages of life are thus passed, a time at which the body should be growing fast, and to maintain this growth in adequate vigor large supplies of nutritious material are required, instead of which the supply is far below the normal standard. The result is a general impairment of vigor and of vital action. On the generative organs the effect is, as I have observed in numbers of cases, decidedly injurious; and the effect in most instances of this kind—that the tissues of the uterus lose their normal, firm, healthy consistence. The further result is that the pelvic organs as a whole, but particularly the uterus, undergo a subsidence in the pelvis; the uterus becomes liable to change of shape, and other alterations more or less marked in different cases. Slight exertions, slight accidents, or even moderate exercise, are under these circumstances liable to act most prejudicially on the softened and weakened contents of the pelvis. This is a faithful description of what I have observed to occur in very many cases. I refrain from pursuing the further history of patients so affected as not falling within the scope of these remarks.

NITRITE OF AMYL IN SUBCUTANEOUS INJECTIONS.—We know that *amyl nitrite* possesses a marked vasodilating action, and that in a dose of a few drops it produces very rapidly turgescence of the face. It has been employed in cases of hemicrania, epilepsy, amaurosis, hysterical troubles, angina pectoris, etc.

M. Aimez-Droz (*L'Art Med.*), the author of a monograph upon this substance, affirms that the effects are much less marked or *nil* when administered subcutaneously. M. Barnes, on the contrary, asserts that an injection of fifteen drops of a solution of *amyl nitrite*, 1 to 10, produces the same physiological effects as when inhaled. This mode of administration has given good results in cases of acute lumbago, visceral pains, and also in arousing the failing contractions of the heart, in cases of imminent syncope, with feebleness or arrest of the respiratory movements.—(T. M. S.)

PHYSIOLOGICAL ACTION OF GELSEMIUM SEMPERVIRENS.—Dr. Touch (*L'Art Med.*) has made experiments which confirm and complete our knowledge of the action of this drug. Administered to animals under the form of *gelsemine* it acts upon the motor system. The animal becomes at first dull, it moves only when excited; placed upon its back it recovers a normal position with slowness and awkwardly, and finally ends by no longer reacting, becoming completely inactive, and deprived of movement. At the same time, the respiration which was accelerated in the beginning becomes slower and finally ceases before the paralysis may be complete. Sometimes there can be observed upon the limbs—during the progress of the paralysis—a peculiar fibrillar trembling. This picture may be troubled, however, by brusque tonic contractions, which places the members *in extenso*, the fingers spread apart, with true tetanic movements, spontaneous or provoked, which last for a short time and again reappear after an interval.

The heart is attacked last and exhibits a lessening in its beats more and more marked, but it continues to beat several hours after the paralysis is complete, and finally is arrested during a diastole. In a rabbit, with a dose of one gramme of the extract of *gelsemium* or ten cento-grammes of *gelsemine* the same phenomena are obtained.

After an interval of a few minutes the animal is seen to crouch, its ears are thrown back, the respiration becomes dyspnoic, the pupil dilates, the lids are paralyzed, the eye seems full, it fills with tears, becomes glazed and presents upon the cornea a depression often very marked. The sphincters become relaxed and there is sometimes an emission of urine and fecal matters. Then the paralysis progresses, the respiration becomes embarrassed, asphyxic convulsions occur and the heart is soon arrested.

After citing numerous cases of poisoning in men, the writer briefly summarizes the symptoms: cephalalgia slight and sometimes vertigo, somnolency, heaviness and drooping of the upper lid, diplopia without strabismus, difficulty of accommodation, slight dilatation, but more often narrowing of the pupil, general muscular fatigue, dyspnoea, intense thirst, burning and pain in the pharynx, with persistent salivary secretion, polyuria. The dose varied from 3 to 20 grammes.—(T. M. S.)

ACTION OF THE EXTRACT OF GUACHAMACA.—M. Schipper (Idene) thinks that in this extract he has found a substitute for *curare*, having all its properties without presenting any of its dangers.

The *guachamaca* belongs to the family of the *apocynae*; the active principle is to be found in the bark. The extract is dark brown, resinous, it is slightly soluble in water, but not at all in absolute alcohol or ether. There exists a great resemblance between the physiological effects of this substance and those of *curare*. These effects were produced in frogs by injecting 10 milligrammes of the dry aqueous extract. The only differences between the action of this substance and *curare* are the following:

1. It effects especially the muscular system, although the respiratory muscles continue their action.
2. The nerve centres are early affected, while *curare* affects them tardily. Again, contrary to the effects of *curare*, the extract of *guachamaca* introduced into the stomach of chickens and dogs poisoned them in very minute doses.

Ten milligrammes of the dry extract injected into the skin of a man caused as local phenomena a slight phlegmonous oedema in the vicinity of the puncture, and as general symptoms there was at first a light sleep, then more profound, lasting from two and a half to three hours without further results—a slight spasmodic contraction of the muscles. The respiration or circulation was not affected.—(T. M. S.)

BROMIDE OF NICKEL.—Dr. DaCosta, in the Philadelphia *Medical News* of Sept. 29, advocates the use of a new salt, *bromide of nickel*, in epilepsy.

He gives doses of five grains in form of pill or syrup, three times a day, gradually increasing the dose to ten grains, three times a day.

A practical formula for the pills is as follows:

R.—Bromide of Nickel.....gr. lx
Pulv. althea.....gr. vi
Extract of gentian.....gr. vi
Alcohol.....q. s.

Mix and make 12 pills.

For syrup:

R.—Bromide of Nickel.....gr. 160
Glycerin.....ss
Water to make.....iv

Dissolve the nickel in the water and add the *glycerin*. Throw eight ounces of loaf sugar into a quart glass percolator and pour on the solution; pour back the syrup until the sugar is entirely dissolved, and make the measure eight fluid ounces with simple syrup.

This makes a handsome, green colored, stable syrup, containing five grains to two teaspoonfuls.

Bromide or hydrobromate of nickel can be easily made by rubbing the right proportions of *carbonate of nickel* and *hydrobromic acid* in a mortar, to which has been added twice their combined weight of water; heating the mixture to boiling or until effervescence has ceased, and adding a small quantity of the carbonate in excess.

This solution of the bromide is filtered and evaporated on a water bath to dryness, in a porcelain evaporating dish, stirring constantly with a glass rod. It should be kept in tightly corked bottles.

BORO-GLYCERIDE.—This is a new dressing which can be used both in gynecology and in surgery.

It is applicable whenever *vaseline* or *cosmoline* are indicated.

It is perfectly soluble in water, and so can be washed off readily. It is aseptic, innocuous, and has no cumulative intoxicating action, such as we find in *carbolic acid*.

It is an excellent application in wounds and ulcers.

It is the best preventive of decomposition at present known to the profession.

To prepare: Heat ninety-two parts of pure *glycerine* to 300° Fah.; to this sixty-two parts of *boracic acid* are gradually added. The water in the *glycerine* will be gradually evaporated, as steam and plenty of time must be allowed.

The product will be *boro-glyceride*, and will be solid, brittle, transparent when cold, light amber color, and a shining fracture. Is freely soluble in water.

If melted with an equal weight of *glycerine*, a clear dense liquid will result on cooling, and is thus very convenient for use.

Should an ointment be desired, rub it up with an equal weight of *vaseline*. To test its preservative powers, two eggs were mixed up with a 10 per cent solution, and were perfectly preserved at the end of one month.

MISCELLANY.

—A. J. Richardson, M.D., has removed to 141 East 83d street.

—Dr. A. P. Williamson has been elected President of the Orange County Society.

—An international veterinary congress was held at Brussels on Sept. 10th-15th inst.

—Dr. Goullon, a veteran homœopath of Germany, has passed away, at the ripe old age of 83.

—Surgeon-General Charles H. Crane, U. S. A., died in Washington, D.C., Oct. 10, in his fifty-eighth year.

—Bellevue Medical College has adopted a rule that its diploma shall hereafter be in English instead of Latin.

—Of the contest between the medical codists in this city, the Boston *Herald* says: "Bigotry dies hard, but medicine can't save it."

—Prof. Bizzozero has received the Riberi prize of 20,000 francs for his investigations into the physiology and pathology of the blood.

—A training school for skilled nurses has been established in connection with the children's Homœopathic Hospital of Philadelphia.

—A successful case of removal of the spleen in leucæmia, by Fernando Franzolini of Turin, is recorded in the *Wien. Med. Wochenschrift*, No. 20.

—The American Public Health Association will hold its eleventh annual meeting in Detroit, beginning on November 13, 1883. A large attendance is expected.

—Filtering through sponge is described as the best of all methods. The sponge is cleaned with dilute muriatic acid and packed in tubes through which the liquid is passed.

—The chemical laboratory of the Johns Hopkins University, just opened, measures 100 by 50 feet, with three stories and a basement. It is under the charge of Prof. Remsen.

—The celebration of the 100th anniversary of the establishment of the medical school of Harvard University and dedication of its new building took place on October 17, 1883.

—Oliver Wendell Holmes says that the great secret of success in every form of quackery is hope kept alive in the patient; while the too fatal gift of science is a prognosis of despair.

—The remains of the illustrious Harvey will be removed from the vault under Hempstead Church and placed in a sarcophagus in Harvey Chapel, at the Royal College of Physicians.

—It has been so clearly demonstrated that the use of tobacco seriously impairs the nerve-centres, that it has been forbidden the students of the United States Military and Naval Academies.

—Some Springfield physicians are speculating upon the influence of the telephone upon the sense of hearing. They have found several cases wherein disease of the ear has been aggravated by using it.

—Dr. John S. Billings has declined the professorship of Hygiene in the Johns Hopkins University; his duties in connection with the Medical Library at Washington and his general scientific work taking all his time.

—For ophthalmoscopic purposes, it is advised instead of using *atropine* to dilate the pupil by the use of *hydrobromate of hemotropine*; the effect of the latter is more lasting than that of the first, or of any other mydriatic.

—We regret to learn that our friend Dr. F. H. Orme, of Atlanta Ga., has met with a terrible accident, resulting in the fracture of both arms. We trust that he may soon be restored to health, as he is at present doing well.

—Dr. Robert Koch has expressed himself strongly in favor of the present movement in Germany which proposes compulsory vaccination. He thinks that the dangers of transmitting syphilis and scrofula are almost infinitesimal.

—Boericke & Tafel, the enterprising publishers, announce in active preparation "The Encyclopedia of Homœopathic Practice." From the names of some of the editors we anticipate a valuable contribution to medical literature.

—Lewin, in his valuable work on the untoward effects of drugs, says that during the use of *balsam of copaiba*, the urine furnishes a deposit with *nitric acid*, which consists of *copaibic acid*, and may easily be confounded with albumen.

—*New Remedies* is authority for the fact that a little powdered carbonate of ammonia sprinkled where dogs are wont to commit nuisances will act as a prophylactic. The *modus operandi* of the remedy is based on the well-known fact of the preliminary canine sniff.

—Dr. T. M. Strong, Chief of Staff, reports 884 patients treated at the Ward's Island Hospital during September, with a mortality of 2.83 per cent.

There have been 5,159 admitted from Jan. 1 to Oct. 1, against 4,116 during the corresponding time last year.

—Since Turnbull has adopted the *boracic acid* treatment for purulent inflammation, it has become a pleasure to him to handle such cases, so uniform has been his success in treating this class of diseases, which before had been to him only objects of despair. So says Dr. Burnett, in the *Archives of Otolaryngology*.

—Steel which has rusted can be cleaned by brushing with a paste composed of one-half ounce *cyanide of potassium*, one-half ounce castile soap, one ounce whiting, and water sufficient to form a paste. The steel should first be washed with a solution of one-half ounce *cyanide of potassium* in two ounces of water.

—The *Century Magazine* for November is filled as usual with interesting matter which must be read by those who would keep abreast the literary times. The number opens with an autograph and portrait of Queen Victoria at the age of nineteen. This is one of the best periodicals for the reception room of the physician.

—The death of Mrs. Chaplin Ayerton, M.D., L. K. Q. C. P. I., is announced in the *Med. Press and Circular*, which describes her as a much esteemed and highly gifted member of the profession. She obtained her medical education at Edinburgh and Paris, and went with her husband to Japan, where she taught midwifery to a class of Japanese women.

—Her Royal Highness, Princess Christian of Schleswig-Holstein (Princess Helen of England), has taken a course of lectures in the Kensington Centre Institution, and, passing the examination, she received her diploma as a nurse. She is the same who translated into the English language the work of her brother-in-law, Prof. Esmarch, of Kiel, which he wrote for the first instruction in accidents.

—In the principal cities out of England the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows: Calcutta 35; Bombay 27, Madras 28, Paris 25, Geneva 19, Brussels 26, Copenhagen 24, Stockholm 26, Christiania 20, St. Petersburg 33, Berlin 31, Hamburg 27, Dresden 25, Breslau 35, Munich 37, Vienna 29, Prague 43, Rome 31, Turin 29, Venice 23, Lisbon 31, New York 25, Brooklyn 19, Philadelphia 19, Baltimore 19.

—Dr. Rhinehart, of Oregon, describes in the *Philadelphia Med. & Surg. Reporter* the case of a pregnant woman who was upset in a stage coach and sustained four fractures and a dislocation, without producing abortion. There were two fractures of the right humerus, one of the right femur, a compound comminuted fracture of both bones of the right leg, involving the ankle joint, a dislocation of the left hip, and much superficial bruising. She recovered perfectly and without losing her child.

—Our subscribers who are in arrears—and some are very much behind—have recently received bills covering their indebtedness, and we are compelled to insist upon immediate payment, in order to meet the requirements of our financial department. Should we receive no response to this urgent appeal, we shall be obliged with regret to adopt some other course, in order to obtain our just dues, besides discontinuing the sending of the journal. Please oblige us and save trouble to all concerned.

—Washing out the stomach as a means of diagnosis is strongly recommended by W. Leube in the *Deutsche Archiv. für Klin. Med.* Bd. 33, II. 1. Some soup, beef-steak and white bread is given, and nothing more for seven hours, when the organ is washed out. A healthy stomach will then have completed its work, so that the fluid returned is perfectly clear. During menstruation the time required is longer even in healthy females. This irrigation is advised in all diseases of the stomach, except slight transient catarrh, ulcer and other ailments tending to hemorrhage.

—THE NUMBER OF PHYSICIANS IN THE WORLD.—According to calculations made by the Medical Academy of Paris, there are at the present time 189,000 doctors scattered over the world. Of these there are 65,000 in the United States, 26,000 in France, 32,000 in Germany and Austria, 35,000 in Great Britain and its colonies, 10,000 in Italy and 5,000 in Spain. Putting aside pamphlets and memoirs innumerable, it is estimated that 122,000 works have been published on medical subjects. Among the writers, 2,800 are American, 2,500 French, 2,300 German and Austrian and 2,100 English.

—Dr. R. Dacre Fox feels sure that ninety-nine per cent. of the bottles out of which children are fed are offensive from the odor of the decomposed milk, which adheres about the cork, tube or teat through which the children suck; and in the bottle itself rings of adherent putrefying milk mark, as tide lines, how much the child has taken at a meal. He adds: "The use and abuse of the 'baby's bottle' would be a fit subject for inquiry by our local Sanitary Association; and, assisted by its lady members, might it not devote some of its energy to a teaching crusade among the women in the poorer districts of the town?"

—It is stated that the two New England colleges are trying the experiment of entrusting the discipline of the college to the students. The theory is that if young men are thus put on their honor they will act in accordance with the principles of honor. But unfortunately the theory has not been heretofore found of universal application in colleges. The average young man who goes to school or college, instead of knowing how to discipline others, needs a long course of discipline himself. He is sent to college, among other things, to learn the value of discipline and law; and the best way to learn it is submission to an authority wiser than his own. We do not believe that the students are yet wise enough to govern our colleges, though of course that Faculty will be the wisest and most fortunate which can enlist their co-operation.—*Tribune*.

—Mrs. Anandaibai Joshee, the wife of a Brahmin employee of the Government in India, has come to America to study medicine in the Women's Medical College in Philadelphia. The women in the harems are not permitted either to see or to touch a strange man, and when they are ill there is nobody of skill to minister to their wants. Hence the necessity for a woman physician. Mrs. Joshee says that, contrary to conjecture, she does not become unclean and lose her high caste by crossing the sea. Arrangements are to be made to enable her to cook her own food, and thus escape the penalty of losing caste by eating from dishes that have been touched by persons who are not of her caste. She is 18 years of age.